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OMB APPROVAL

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FORM D SEC 19109  
Notice of Exempt Offering of Securities  
Section 3  
U.S. Securities and Exchange Commission  
Washington, DC 20549

MAR 02 2009

(See instructions beginning on page 5)

Washington, DC  
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer: Northwest Bancorporation, Inc.  
 Jurisdiction of Incorporation/Organization: Washington  
 Year of Incorporation/Organization (Select one):  
 Over Five Years Ago     Within Last Five Years (specify year) \_\_\_\_\_  
 Yet to Be Formed

Previous Name(s)  None  
 PROCESSED  
 MAR 13 2009  
 THOMSON REUTERS

Entity Type (Select one)  
 Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other (Specify) \_\_\_\_\_

(If more than one issuer is filing this notice, check this box  and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1: 421 W. Riverside  
 Street Address 2: \_\_\_\_\_  
 City: Spokane    State/Province/Country: WA    ZIP/Postal Code: 99201    Phone No.: 509-456-8888

Item 3. Related Persons

Last Name: Fewel    First Name: Randall    Middle Name: L.  
 Street Address 1: 421 W. Riverside  
 Street Address 2: \_\_\_\_\_  
 City: Spokane    State/Province/Country: WA    ZIP/Postal Code: 99201

Relationship(s):  Executive Officer     Director     Promoter

Clarification of Response (if Necessary) \_\_\_\_\_



(Identify additional related persons by checking this box  and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
  - Banking and Financial Services
    - Commercial Banking
    - Insurance
    - Investing
    - Investment Banking
    - Pooled Investment Fund
  - Business Services
  - Energy
    - Electric Utilities
    - Energy Conservation
    - Coal Mining
    - Environmental Services
    - Oil & Gas
    - Other Energy
  - Construction
  - REITS & Finance
  - Residential
  - Other Real Estate
  - Health Care
    - Biotechnology
    - Health Insurance
    - Hospitals & Physicians
    - Pharmaceuticals
    - Other Health Care
  - Manufacturing
  - Real Estate
    - Commercial
  - Retailing
  - Restaurants
  - Technology
    - Computers
    - Telecommunications
    - Other Technology
  - Travel
    - Airlines & Airports
    - Lodging & Conventions
    - Tourism & Travel Services
    - Other Travel
  - Other
- If selecting this industry group, also select one fund type below and answer the question below:  
 Hedge Fund  
 Private Equity Fund  
 Venture Capital Fund  
 Other Investment Fund  
 Is the issuer registered as an investment company under the Investment Company Act of 1940?  Yes  No

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(7) |   |

Item 7. Type of Filing

- New Notice **OR**  Amendment

Date of First Sale in this Offering:  **OR**  First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year?  Yes  No

Item 9. Type(s) of Securities Offered (Select all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Equity  | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt   | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input checked="" type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe)                 |

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 10,500,000.

Item 12. Sales Compensation

Recipient

[Empty box for Recipient name]

Recipient CRD Number

[Empty box for Recipient CRD Number]

No CRD Number

(Associated) Broker or Dealer  None

[Empty box for (Associated) Broker or Dealer]

(Associated) Broker or Dealer CRD Number

[Empty box for (Associated) Broker or Dealer CRD Number]

No CRD Number

Street Address 1

[Empty box for Street Address 1]

Street Address 2

[Empty box for Street Address 2]

City

[Empty box for City]

State/Province/Country

[Empty box for State/Province/Country]

ZIP/Postal Code

[Empty box for ZIP/Postal Code]

States of Solicitation  All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input checked="" type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Identify additional person(s) being paid compensation by checking this box  and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 10,500,000 OR  Indefinite

(b) Total Amount Sold \$ 10,500,000

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 0 OR  Indefinite

Clarification of Response (if Necessary)

[Empty box for Clarification of Response]

Item 14. Investors

Check this box  if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: [Empty box]

Enter the total number of investors who already have invested in the offering: 1

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0  Estimate

Finders' Fees \$ 0  Estimate

Clarification of Response (if Necessary)

[Empty box for Clarification of Response]

**Item 16. Use of Proceeds**

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$

Estimate

Clarification of Response (if Necessary)

**Signature and Submission**

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

**Terms of Submission.** In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box  and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Name of Signer

Signature

Title

Number of continuation pages attached:

Date

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Austin, First Name: Holly, Middle Name: A.  
Street Address 1: 421 W. Riverside, Street Address 2:  
City: Spokane, State/Province/Country: WA, ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary):

Last Name: Shelby, First Name: William, Middle Name: E.  
Street Address 1: 421 W. Riverside, Street Address 2:  
City: Spokane, State/Province/Country: WA, ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary):

Last Name: Aden, First Name: Dwight, Middle Name: B.  
Street Address 1: 421 W. Riverside, Street Address 2:  
City: Spokane, State/Province/Country: WA, ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary):

Last Name: Brodie, First Name: Kate, Middle Name:  
Street Address 1: 421 W. Riverside, Street Address 2:  
City: Spokane, State/Province/Country: WA, ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer,  Director,  Promoter  
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Coulson      First Name: Jimmie      Middle Name: T.G.  
Street Address 1: 421 W. Riverside      Street Address 2:  
City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Douglass      First Name: Harlan      Middle Name: D.  
Street Address 1: 421 W. Riverside      Street Address 2:  
City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Duncan      First Name: Freeman      Middle Name: B.  
Street Address 1: 421 W. Riverside      Street Address 2:  
City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

Last Name: Ellingsen      First Name: Donald      Middle Name: A.  
Street Address 1: 421 W. Riverside      Street Address 2:  
City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201  
Relationship(s):  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Gemmill      First Name: Clark      Middle Name: H.

Street Address 1: 421 W. Riverside      Street Address 2:

City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Peterson      First Name: Richard      Middle Name: H.

Street Address 1: 421 W. Riverside      Street Address 2:

City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Schuter      First Name: Frederick      Middle Name: M.

Street Address 1: 421 W. Riverside      Street Address 2:

City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: West      First Name: Jennifer      Middle Name:

Street Address 1: 421 W. Riverside      Street Address 2:

City: Spokane      State/Province/Country: WA      ZIP/Postal Code: 99201

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

END