SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Ad <u>NOEL MI</u>		2. Date of Event Requiring Staten (Month/Day/Year 01/01/2004	nent	3. Issuer Name and Ticker or Trading Symbol <u>AVISTA CORP</u> [AVA]								
(Last) 1411 E MISS	(First)	(Middle)			4. Relationship of Reporting Per- (Check all applicable) X Director			son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SPOKANE WA 99202			-			Officer (give title below)		(specify	Appli	6. Individual or Joint/Group Filing (Che Applicable Line) X Form filed by One Reporting F		
(City)	(State)	(Zip)	-							Form filed b Reporting P	y More than One erson	
			Table I - Non	-Derivativ	ve Se	ecurities Beneficial	ly Owr	ned				
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			(D) (Instr. 5)			
Common Stock						2,269	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		í or	nversion Exercise ice of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of F			Date Exercisable	Expiration Date	Title		Amo or Num of Shar	unt De Se ber	rivative curity	or Indirect (I) (Instr. 5)		

/s/ Michael L. Noel

** Signature of Reporting Person Date

01/05/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.