FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Estimated average burden hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB Number: 3235-0287

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Rome Marc	D.				Cle	earv	vater	Paper C	orj	p [C	LW]				incaore)	100		
(Last)	(First)	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner 10% Officer (give title below) Other (specify below)				below)
601 W RIVERSIDE AVE. SUITE 1100					7/1/2025								SVP, Gen. Counsel & Corp. Sec.					
	(Stre	et)			4. If	f Am	endme	nt, Date O	rigin	al File	ed (MM/D	D/YYY	Y)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
SPOKANE, WA 99201													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	ity) (Sta	te) (Zi	p)															
			Table	I - Non-	Deri	vati	ve Secu	ırities Acq	uire	ed, Di	sposed o	f, or l	Ben	eficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. I			Date 2A. Deem Execution Date, if an		ıtion	3. Trans. Co (Instr. 8)		or Dis	4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)		F	Amount of Securit following Reported (Instr. 3 and 4)	ties Beneficially Owned Transaction(s)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amou	(A) or (D)	r Prie	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock (1)				7/1/202	25			A		2,310	(2) A	S	0			8,407	D	
	Tab	le II - Dei	rivative	Securit	ties E	Bene	ficially	Owned (a	e.g.,	puts,	calls, wa	rrant	ts, o	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Dec Executi Date, if	on (Ins	rans. (tr. 8)	Acqu Disp		er of ve Securities 1 (A) or 1 of (D) 4 and 5)	6. Date Exercisable and Expiration Date			Securities U Derivative S (Instr. 3 and		Underlying e Security nd 4)	nderlying Security Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	ode	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Ame Sha	ount or Number of res		Reported Transaction(s) (Instr. 4)		

Explanation of Responses:

- (1) Represents award of restricted stock units ("RSUs"). RSUs may be settled only for shares of common stock on a one-for-one basis.
- (2) Represents award of RSUs that will vest 33%, 33%, 34% on July 1, 2026, 2027 and 2028, respectively, assuming continued employment. During the vesting period, an amount equal to the dividends that would have been paid on the RSUs had they been in the form of common stock will be converted into additional RSUs.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Rome Marc D.								
601 W RIVERSIDE AVE. SUITE 1100			SVP, Gen. Counsel & Corp. Sec.					
SPOKANE, WA 99201								

Signatures

/s/ Marc D. Rome 7/3/2025

**Signature of Reporting Person Date

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 4(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 control number.