

# FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person* Kovacic Thomas		2. Date of Event Requiring Statement (Month/Day/Year) 12/13/2006	3. Issuer Name <b>and</b> Ticker or Trading Symbol N-VIRO INTERNATIONAL CORP nvic.ob										
(Last)	(First)		(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (specify below)									
2404 KNIGHTS HILL LANE  TOLEDO OH 43614			5. If Amendment, Date Original Filed (Month/Day/Year)										
(City)	(State)	(Zip)	<b>Table I -- Non-Derivative Securities Beneficially Owned</b>  <table border="1"> <tr> <td>1. Title of Security (Instr. 4)</td> <td>2. Amount of Securities Beneficially Owned (Instr. 4)</td> <td>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</td> <td>4. Nature of Indirect Beneficial Ownership (Instr. 5)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
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			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person										

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).

**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.**

