FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
OMB Number: 3235-010							
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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 Address of Reporting Person*  DAVIN THOMAS E  2. Date of Event Requiring Statement (Month/Day/Year) 05/05/2005				nent '	3. Issuer Name and Ticker or Trading Symbol  Zumiez Inc [ ZUMZ ]							
(Last) 1683 WALNU (Street) ROSEMEAD	CA	(Middle) VENUE 91770				tionship of Reporting Perso all applicable) Director Officer (give title below)	son(s) to Issuer  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date	Expiration			Amount or Number of	Price of Derivation Security	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Chris K. Visser, Attorney-in-05/05/2005

**Fact** 

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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

- 1. Designation of Attorneys-in-Fact. The undersigned, hereby designates each of Gary J. Kocher and Chris K. Visser, individuals with full power of substitution, as my attorney-in-fact to act for me and in my name, place and stead, and on my behalf in connection with the matters set forth in Item 2 below.
- 2. Powers of Attorney-in-Fact. Each attorney-in-fact, as fiduciary, shall have the authority to sign all such U.S. Securities and Exchange Commission ("SEC") reports, forms and other filings, specifically including but not limited to Forms 3, 4, 5 and 144, as such attorney-in-fact deems necessary or desirable in connection with the satisfaction of my reporting obligations under the rules and regulations of the SEC.
- 3. Effectiveness. This power of attorney shall become effective upon the execution of this document.
- 4. Duration. This power of attorney shall remain in effect until revoked by me. This power of attorney shall not be affected by disability of the principal.
- 5. Revocation. This power of attorney may be revoked in writing at any time by my giving written notice to the attorney-in-fact. If this power of attorney has been recorded, the written notice of revocation shall also be recorded.

Date: \_April 6\_, 2005.

\_\_Thomas E. Davin\_\_\_\_
Thomas E. Davin

STATE OF California )
COUNTY OF Los Angeles )

SIGNED OR ATTESTED before me on 4/06/05 by Thomas E. Davin.

\_\_\_Joanne C. Castaneda\_\_\_\_ Signature of Notary Public

\_\_\_\_Joanne C. Castaneda\_\_ (SEAL) Typed Name of Notary Public Residing at:1683 Walnut Grove, CA My commission expires\_7/02/06\_\_