

1.) CORPORATION NAME: National Park Hospitality Association	DUE DATE: 5/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DERRICK CRANDALL 7628 HUNTMASER LN MCLEAN, VA	SCC ID NO: 01592641
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1200 G Street, NW STE 650 CITY/ST/ZIP: WASHINGTON, DC 20005	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAM KOEBERER PITTS		
TITLE: SECRETARY		
ADDRESS: 2150 MAIN STREET		
CITY/ST/ZIP/CO: STE 5 RED BLUFF, CA 96080		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL METZLER		
TITLE: TREASURER		
ADDRESS: 113 S MARKET ST		
CITY/ST/ZIP/CO: ELIZABETHTOWN, PA 17022		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOE FASSLER		
TITLE: CHAIRMAN		
ADDRESS: VIAD CORP 1850 N CENTRAL AVE		
CITY/ST/ZIP/CO: STE 800 PHOENIX, AZ 85004		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID B WOODSIDE		
TITLE: VICE CHAIRMAN		
ADDRESS: BOX 24		
CITY/ST/ZIP/CO: BAR HARBOR, ME 04609		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAM KOEBERER PITTS	PAM KOEBERER PITTS, SECRETARY	8/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.