

1.) CORPORATION NAME:

ROCKY MOUNTAIN ELK FOUNDATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/30/2010**

SCC ID NO: **F1126350**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5705 GRANT CREEK RD

CITY/ST/ZIP: MISSOULA, MT 59808-

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.

NAME: M DAVID ALLEN
TITLE: PRES/CEO
ADDRESS: 5705 GRANT CREEK RD
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

OFFICER

DIRECTOR

NAME: RODNEY TRIEPKE
TITLE: SEC/COO
ADDRESS: 5705 GRANT CREEK RD
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

OFFICER

DIRECTOR

NAME: LORI PARKER
TITLE: TREAS/CFO
ADDRESS: 5705 GRANT CREEK RD
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

OFFICER

DIRECTOR

NAME: BILL ALEXANDER
TITLE: DIRECTOR
ADDRESS: HC, BOX 70
CITY/ST/ZIP/CO: HILLSBORO, NM 88042-

OFFICER

DIRECTOR

NAME: FRED BRYANT
TITLE: DIRECTOR
ADDRESS: CKWRI CAMPUS BOX 218
CITY/ST/ZIP/CO: KINGSVILLE, TX 78363-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF CADE DIRECTOR PO BOX 2539 ATHENS, TX 75751-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CAID DIRECTOR PO BOX 220 WHITERIVER, AZ 85941-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON COOK DIRECTOR 243 ROAD 147 EMPORIA, KS 66801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE DECKER DIRECTOR 160 HAMMER CUTOFF ROAD LIBBY, MT 59923-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY DEVIN DIRECTOR 65657 550TH ST GRISWOLD, IA 51535-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL FLORES DIRECTOR 10625 BIRCH RANCH DR SACRAMENTO, CA 95830-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SWEDE FRENCH DIRECTOR 29638 SE WEITZ LANE EAGLE CREEK, OR 97022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE GAMBLE DIRECTOR 118 COURT AVE., STE 2 SEVIERVILLE, TN 37862-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE MCCOY DIRECTOR 1724 SALINAS DR LAS CRUCES, NM 88011-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB MUNSON DIRECTOR 16724 20TH AVE W LYNNWOOD, WA 98087-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL L OLSON DIRECTOR 1706 W SAM HOUSTON PKWY N HOUSTON, TX 77043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK ONCKEN DIRECTOR 1400 VALLEY WIND LANE MISSOULA, MT 59804-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA POWELL DIRECTOR 5924 HIGHLAND GROVE DR SUMMERFIELD, NC 27358-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOU PRUSINOVSKI DIRECTOR 3481 FOOTBRIDGE COURT REDDING, CA 96003-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHUCK ROADY DIRECTOR 949 HILLCREST RD BONNERS FERRY, ID 83805-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB SPRINGER DIRECTOR PO BOX 1648 EATON PARK, FL 33840-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE SWANSON DIRECTOR 5303 COUNTY HWY KP CROSS PLAINS, WI 53528-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK TOLAR DIRECTOR 202 S CHARLTON WOODVILLE, TX 75979-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH WARD DIRECTOR 3015 PAXSON STREET MISSOULA, MT 59801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENDA WILSON DIRECTOR 38 ROLLING HILLS DRIVE CODY, WY 82414-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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.

<u>/s/ LORI PARKER</u>	<u>LORI PARKER, TREAS/CFO</u>	<u>12/7/2010</u>
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.