

1.) CORPORATION NAME:

ROCKY MOUNTAIN ELK FOUNDATION, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RODNEY TRIEPKE TITLE: SEC/COO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI PARKER TITLE: TREAS/CFO ADDRESS: 5705 GRANT CREEK RD CITY/ST/ZIP/CO: MISSOULA, MT 59808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CURTIS CHRISTIANSEN TITLE: DIRECTOR ADDRESS: PO BOX 145 CITY/ST/ZIP/CO: GIDDINGS, TX 78942	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLIE DECKER TITLE: DIRECTOR ADDRESS: 160 HAMMER CUTOFF ROAD CITY/ST/ZIP/CO: LIBBY, MT 59923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RODGER FLEMING TITLE: DIRECTOR ADDRESS: 190 DINNERBELL ROAD CITY/ST/ZIP/CO: BUTLER, PA 16002	<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:	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:	JERRY PIONESSA DIRECTOR PO BOX 3366 MOULTRIE, GA 31776	<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:	DENNIS RADOCHA DIRECTOR 16595 HORSESHOE BEND RD BOISE, ID 83703	<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:	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:	TERRY SWEET DIRECTOR 3163 1/3 ROAD GRAND JUNCTION, CO 81503	<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: JOE TREADWAY TITLE: DIRECTOR ADDRESS: 948 SAND HILL ROAD CITY/ST/ZIP/CO: ASHEVILLE, NC 28806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH WARD TITLE: DIRECTOR ADDRESS: 3015 PAXSON STREET CITY/ST/ZIP/CO: MISSOULA, MT 59801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLENDA WILSON TITLE: DIRECTOR ADDRESS: 38 ROLLING HILLS DRIVE CITY/ST/ZIP/CO: CODY, WY 82414	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY IRWIN TITLE: DIRECTOR ADDRESS: 3816 SALISH DRIVE CITY/ST/ZIP/CO: STEVENSVILLE, MT 59870	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY NEWBERG TITLE: DIRECTOR ADDRESS: 6341 JOHNSON ROAD CITY/ST/ZIP/CO: BOZEMAN, MT 59718	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VICKI PELTONEN TITLE: DIRECTOR ADDRESS: 33580 WHITING ROAD CITY/ST/ZIP/CO: BAYFIELD, WI 54814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL STEUERT TITLE: DIRECTOR ADDRESS: 2032 BANTRY DRIVE CITY/ST/ZIP/CO: ROANOKE, TX 76262	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM ZUMBO TITLE: DIRECTOR ADDRESS: 135 GREEN CREEK ROAD CITY/ST/ZIP/CO: WAPITI, WY 82450	<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.

/s/ LORI PARKER	LORI PARKER, TREAS/CFO	9/25/2013
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.