

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:	LARRY IRWIN DIRECTOR 3816 SALISH DRIVE STEVENSVILLE, MT 59870	<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:	RANDY NEWBERG DIRECTOR 6341 JOHNSON ROAD BOZEMAN, MT 59718	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI PELTONEN DIRECTOR 33580 WHITING ROAD BAYFIELD, WI 54814	<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:	MICHAEL STEUERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2032 BANTRY DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, TX 76262		
NAME:	LEE SWANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5303 COUNTY HWY KP		
CITY/ST/ZIP/CO:	CROSS PLAINS, WI 53528		
NAME:	TERRY SWEET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3163 1/3 ROAD		
CITY/ST/ZIP/CO:	GRAND JUNCTION, CO 81503		
NAME:	MARK TOLAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	202 S CHARLTON		
CITY/ST/ZIP/CO:	WOODVILLE, TX 75979		
NAME:	JOE TREADWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	948 SAND HILL ROAD		
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28806		
NAME:	KEITH WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3015 PAXSON STREET		
CITY/ST/ZIP/CO:	MISSOULA, MT 59801		
NAME:	GLENDA WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	38 ROLLING HILLS DRIVE		
CITY/ST/ZIP/CO:	CODY, WY 82414		
NAME:	JIM ZUMBO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 GREEN CREEK ROAD		
CITY/ST/ZIP/CO:	WAPITI, WY 82450		
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.			