

1.) CORPORATION NAME:

**NATIVE AMERICAN HERITAGE ASSOCIATION**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAMELA PULLEN  
830F JOHN MARSHALL HWY  
FRONT ROYAL, VA 22630**

SCC ID NO: **F1243346**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WARREN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**SD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 830F JOHN MARSHALL HWY

CITY/ST/ZIP: FRONT ROYAL , VA 22630

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:	DAVID G. MYERS	
TITLE:	PRESIDENT	
ADDRESS:	830 F JOHN MARSHALL HWY	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAMELA J. MYERS	
TITLE:	TREASURER	
ADDRESS:	830 F JOHN MARSHALL HWY	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WENDY L. JONES	
TITLE:	DIRECTOR	
ADDRESS:	830 F JOHN MARSHALL HWY	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAMELA J. MYERS	
TITLE:	VICE PRESIDENT	
ADDRESS:	830 F JOHN MARSHALL HWY.	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIN HIBBS	
TITLE:	SECRETARY	
ADDRESS:	830 F JOHN MARSHALL HWY.	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BERNICE J. MYERS	
TITLE:	DIRECTOR	
ADDRESS:	830 F JOHN MARSHALL HWY.	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

NAME: HENRY KEYSER, III TITLE: DIRECTOR ADDRESS: 830 JOHN MARHSALL HWY. CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER NICHOLSON TITLE: DIRECTOR ADDRESS: 830 F JOHN MARSHALL HWY. CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA NOWAK TITLE: DIRECTOR ADDRESS: 830 F JOHN MARSHALL HWY. CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<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/ PAMELA J. MYERS	PAMELA J. MYERS, TREASURER	7/20/2012
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.