

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.

NAME:	DAVID G. MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	830 F JOHN MARSHALL HWY		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	PAMELA MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	830 JOHN MARSHALL HWY STE F		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	ERIN HIBBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	830 JOHN MARSHALL HWY STE F		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	BERNICE MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	830 F JOHN MARSHALL HWY		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	STELLA BROWN EYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	830 F JOHN MARSHALL HWY.		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	WENDY L. JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	830 F JOHN MARSHALL HWY.		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY KEYSER, III DIRECTOR 830 F JOHN MARSHALL HWY. FRONT, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER NICHOLSON DIRECTOR 830 F JOHN MARSHALL HWY. FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA NOWAK DIRECTOR 830 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 MYERS	PAMELA MYERS, VP/T	12/21/2012	
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.			