



DOMESTIC AND FOREIGN NONPROFIT CORPORATION ANNUAL REPORT

2017

For Office Use Only

SECRETARY OF STATE
SFN 50879 (12-2016)

ID #: 4,129,300
WO #:
Filed: _____ By: _____

Corporate name, commercial or noncommercial registered agent name and address)

NATIONAL ASSOCIATION OF STATE OUTDOOR RECREATION
 RELATIONSHIP OFFICERS
 MATTHEW GARDNER
 1600 E CENTURY AVE STE 3
 BISMARCK, ND 58503-0649

CK # 1511
1-23-17

REPORT DUE JANUARY 31, 2017
 By law, the envelope containing the report must be postmarked on or before January 31, 2017 to be considered timely filed.

- 2. FILING FEES:**
- \$10.00 if postmarked on or before January 31, 2017
 - \$15.00 if postmarked after January 31, 2017

3. State or country of origin	ND
-------------------------------	----

PLEASE PRINT LEGIBLY

INSTRUCTIONS FOR FEES, FILING, AND MAILING INFORMATION.

For reference, see North Dakota Century Code, Section 10-33-139.

The name and address of the noncommercial registered agent or commercial registered agent appear below the corporate name above. Is the name of the commercial registered agent or commercial registered agent and address correct? Yes No - Complete page 2 of this form.

Business activities actually engaged in (be specific)
ORGANIZATION TO PROVIDE PLACES FOR OUTDOOR RECREATION IN

Address of principal executive office as previously reported (street/RR, PO box, city, state, ZIP+4) If incorrect, set out and correct as necessary. **Street address MUST be provided; may not be only a post office box.**
**15 N ABNR BLDG UNIVERSITY OF MISSOURI
 COLUMBIA, MO 65211**

6. Federal tax code by which tax exemption is recognized, if any: **501(C)(4)(6)**

8. Federal ID number: **23-7071903**

9. Telephone number: **5733532702**

OFFICERS AND DIRECTORS OF THE CORPORATION

- A North Dakota nonprofit corporation must provide a president, a secretary, and any other officers. If officer serves in more than one position or corporation does not maintain a particular officer, see instructions.
- A North Dakota nonprofit corporation must provide at least three directors. If the corporation does not have three directors, see instructions.
- For foreign nonprofit corporations, see instructions.

OFFICE	NAME	Check box if officer also serves as director	COMPLETE MAILING ADDRESS			
			Street/RR	PO Box	City	State ZIP+4
PRESIDENT	Lauren Ingund	<input checked="" type="checkbox"/>	PO Box 8475		Harrisburg PA	17105-8475
VICE PRESIDENT	John Beneke	<input checked="" type="checkbox"/>	D.P.T. - 1 Capitol Mall,		Little Rock AR	72201
SECRETARY	Jaw Hunt	<input checked="" type="checkbox"/>	RD 725 Summer St. Suite C,		Salem, OR	97301
TREASURER	Gerald Parish	<input type="checkbox"/>	D.E.C. 10th Fl. L+C Tower	401 Chayeh	Nashville, TN	37243
TREASURER	Sue Black	<input type="checkbox"/>	Az State Parks, 1300 W. Washington,		Phoenix, AZ	85007
DIRECTOR	Linda Lanterman		Ks State Parks, 512 SE 25th,		Pratt, KS	67124
DIRECTOR	Tim Hogsett		TPWD, 4200 Smith School Rd,		Austin, TX	78744
DIRECTOR	Cleve Hardman		LA D.C.R.T., PO Box Drawer 44426,		Baton Rouge LA	70804

If needed, attach sheet to add names of additional directors.

"I, the undersigned, have read the foregoing annual report, know the contents, and believe the statements made to be true. I understand that if I make a false statement in this document, I may be subject to criminal penalties."

Signature: <i>Douglas Eiken</i>	Date: 1-23-2017
Name of person to contact about this document: Douglas Eiken	Daytime telephone number: 573 353 2702
Email address: wasor60@gmail.com	