

1.) CORPORATION NAME:

U. S. Satellite Corporation

DUE DATE: **4/30/2011**

SCC ID NO: **F1250341**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: CORP TAX DEPT
7075 FLYING CLOUD DR

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344-

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: JOHN P BREEDLOVE
TITLE: VP/S
ADDRESS: 11840 VALLEY VIEW RD
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

NAME: MAX G WORTHINGTON
TITLE: VICE PRESIDENT
ADDRESS: 935 WEST BULLION STREET
CITY/ST/ZIP/CO: MURRAY, UT 84123-

OFFICER

DIRECTOR

NAME: TODD N SHELDON
TITLE: PRESIDENT
ADDRESS: 11840 VALLEY VIEW RD
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

NAME: JOHN F BOYD
TITLE: VP/T
ADDRESS: 250 PARKCENTER BLVD
CITY/ST/ZIP/CO: BOISE, ID 83706-

OFFICER

DIRECTOR

NAME: RONALD T MENDES
TITLE: VICE PRESIDENT
ADDRESS: 250 PARKCENTER BLVD
CITY/ST/ZIP/CO: BOISE, ID 83706-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOYLE J TROYER VICE PRESIDENT 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL V FRIEDENBERG ASST SECRETARY 11840 VALLEY VIEW RD EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL L WOOD ASST SECRETARY 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRY M SMITH EXEC VP 7075 FLYING CLOUD DR EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input 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/ DOYLE J TROYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOYLE J TROYER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/30/2011 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.