

1.) CORPORATION NAME:

**LDS Family Services**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**UT**

DUE DATE: **1/31/2011**

SCC ID NO: **F1575739**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 132 SOUTH STATE ST  
STE 300

CITY/ST/ZIP: SALT LAKE CITY, UT 84111-1506

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: S BRENT SCHARMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 132 SOUTH STATE ST STE 300  
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-1506

OFFICER  DIRECTOR

NAME: STEVEN A SUNDAY  
TITLE: VICE PRESIDENT  
ADDRESS: 132 SOUTH STATE ST STE 300  
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-1506

OFFICER  DIRECTOR

NAME: WESTLYN D JOHNSON  
TITLE: TREASURER  
ADDRESS: 50 EAST NORTH TEMPLE 7TH FL  
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84150-

OFFICER  DIRECTOR

NAME: DAVID M MCCONKIE  
TITLE: SECRETARY  
ADDRESS: 60 E SOUTH TEMPLE STE 1800  
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-

OFFICER  DIRECTOR

NAME: LARRY A CRENSHAW  
TITLE: PRESIDENT  
ADDRESS: 132 SOUTH STATE ST  
STE 300  
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-1506

OFFICER  DIRECTOR

NAME:	A TERRY OAKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 EAST NORTH TEMPLE 7TH FL		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150-0003		
NAME:	JULIE B BECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	76 NORTH MAIN ST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150-6050		
NAME:	RALPH N CHRISTENSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 EAST NORTH TEMPLE 1 WW		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150-0003		
NAME:	DANIEL K JUDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BRIGHAM YOUNG UNIVERSITY 375 JSB		
CITY/ST/ZIP/CO:	PROVO, UT 84602-		
NAME:	ALLEN J PROCTOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1855 FRONTIER RD		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84121-1321		
NAME:	JASON D SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4785 SOUTH SPICEWOOD WAY		
CITY/ST/ZIP/CO:	TAYLORSVILLE, UT 84118-2148		
NAME:	LISA A SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4785 SOUTH SPICEWOOD WAY		
CITY/ST/ZIP/CO:	TAYLORSVILLE, UT 84118-2148		
NAME:	BARBARA THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	76 NORTH MAIN ST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150-6050		
NAME:	LARRY L WHITING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1797 RIDGEWOOD WAY		
CITY/ST/ZIP/CO:	BOUNTIFUL, UT 84010-1661		
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.			
<u>/s/ DAVID M MCCONKIE</u>	DAVID M MCCONKIE,	<u>1/28/2011</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.