

1.) CORPORATION NAME:

LDS Family Services

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

DUE DATE: **1/31/2013**

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:	MARK H. GLADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	132 SOUTH STATE ST		
	STE 300		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84111-1506		

NAME:	DAVID M MCCONKIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	60 E SOUTH TEMPLE STE 1800		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84111		

NAME:	GORDON F. CARMEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 EAST NORTH TEMPLE 7TH FL		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150		

NAME:	Monica Blume	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	143 East 200 South		
CITY/ST/ZIP/CO:	Springville, UT 84663		

NAME:	Linda K. Burton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	76 North Main		
CITY/ST/ZIP/CO:	Salt Lake City, UT 84150		

NAME:	Rulon O. Gibson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	530 North 80 West		
CITY/ST/ZIP/CO:	Lindon, UT 84042		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jamie L. Glenn DIRECTOR 132 South State Street Suite 200 Salt Lake City, UT 84111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James M. Harper DIRECTOR 584 West 350 North Springville, UT 84663	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen K. Peterson CHAIRMAN 50 East North Temple 7th Floor Salt Lake City, UT 84150	<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/ DAVID M MCCONKIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID M MCCONKIE, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/16/2013 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.			