

1.) CORPORATION NAME:

Vivint, Inc.

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

SCC ID NO: **F1655655**

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	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4931 N 300 W

CITY/ST/ZIP: PROVO, UT 84604-

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: TODD PEDERSEN
TITLE: PRESIDENT
ADDRESS: 4931 N 300 W
CITY/ST/ZIP/CO: PROVO, UT 84604-

OFFICER

DIRECTOR

NAME: NATHAN B WILCOX
TITLE: SECRETARY
ADDRESS: 4931 N 300 W
CITY/ST/ZIP/CO: PROVO, UT 84604-

OFFICER

DIRECTOR

NAME: DALE GERARD
TITLE: TREASURER
ADDRESS: 4931 N 300 W
CITY/ST/ZIP/CO: PROVO, UT 84604-

OFFICER

DIRECTOR

NAME: CHRISTOPHER BLACK
TITLE: CFO
ADDRESS: 4931 N 300 W
CITY/ST/ZIP/CO: PROVO, UT 84604-

OFFICER

DIRECTOR

NAME: SHAWN BRENCHLEY
TITLE: SVP
ADDRESS: 4931 N 300 W
CITY/ST/ZIP/CO: PROVO, UT 84604-

OFFICER

DIRECTOR

NAME: ALEXANDER DUNN TITLE: COO ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY BLUMER TITLE: DIRECTOR ADDRESS: 12 EAST 49TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC SCHEUERMANN TITLE: DIRECTOR ADDRESS: 12 EAST 49TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN SPRAGUE TITLE: DIRECTOR ADDRESS: 12 EAST 49TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICK STRATFORD TITLE: DIRECTOR ADDRESS: 2825 EAST COTTONWOOD PARKWAY CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JASON LINDQUIST TITLE: Qualify Manager ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604-	<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/ TODD PEDERSEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD PEDERSEN, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
3/28/2011 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.	