

1.) CORPORATION NAME:

Vivint, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1655655**

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.

<p>NAME: TODD PEDERSEN TITLE: PRESIDENT ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: NATHAN B WILCOX TITLE: SECRETARY ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DALE GERARD TITLE: TREASURER ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER BLACK TITLE: CFO ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SHAWN BRENCHLEY TITLE: VICE PRESIDENT ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALEXANDER DUNN TITLE: COO ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: PROVO, UT 84604</p>	<input checked="" 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
NAME: Peter Wallace TITLE: DIRECTOR ADDRESS: 345 Park Ave. CITY/ST/ZIP/CO: New York, NY 10154	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Bruce McEnvoy TITLE: DIRECTOR ADDRESS: 345 Park Ave. CITY/ST/ZIP/CO: New York, NY 10154	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: James Christensen TITLE: ASST SECRETARY ADDRESS: 4931 N 300 W CITY/ST/ZIP/CO: Provo, UT 84604	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Pat Kelliher TITLE: Controller 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/ SHAWN BRENCHLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWN BRENCHLEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/3/2012 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.				