

1.) CORPORATION NAME:

SOS Staffing Services, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1758517**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2650 DECKER LAKE BLVD STE 500

CITY/ST/ZIP: SALT LAKE CITY, UT 84119

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:	JOANN W WAGNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	2650 S. DECKER LAKE BLVD STE 500		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84119		
NAME:	JAMES MADDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXC.CHAIRMAN/VP		
ADDRESS:	2636 BLEHN ST		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	JOHN K MORRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP-GC/SEC		
ADDRESS:	2650 S. DECKER LAKE BLVD STE 500		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84110		
NAME:	WILLIAM J ROHR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	2650 DECKER LAKE BLVD., STE. 500		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84119		
NAME:	JOHN COURTNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	2636 BLEHN ST		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	W.B. TUCKER COLLINGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2650 DECKER LAKE BLVD., STE. 500		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84119		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN HARDY CFO 2650 DECKER LAKE BLVD., STE. 500 SALT LAKE CITY, UT 84119	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS P KINTZINGER DIRECTOR 2636 BIEHN STREET KLAMATH FALLS, OR 97601	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODERICK C WENDT DIRECTOR 2636 BIEHN STREET KLAMATH FALLS, OR 97601	<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/ JOHN K MORRISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN K MORRISON, SR. VP- GC/SEC PRINTED NAME AND CORPORATE TITLE	4/19/2012 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.					