

1.) CORPORATION NAME:

SOS Staffing Services, Inc.

DUE DATE: **6/30/2014**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2650 DECKER LAKE BLVD STE 400
Suite 400

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:	JOHN A ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	MICHAEL D ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	John K. Morrison	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP - Legal		
ADDRESS:	2650 DECKER LAKE BLVD Suite 400		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84119		

NAME:	MARK S ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/S		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	DAVID L ELWOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OF BOARD		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	Ella Elwood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME: Steven J. Hunnicutt TITLE: TREASURER ADDRESS: 4111 CENTRAL AVENUE CITY/ST/ZIP/CO: Columbus, IN 47203, UY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: J. Michael Stockard TITLE: DIRECTOR ADDRESS: 4111 CENTRAL AVENUE CITY/ST/ZIP/CO: COLUMBUS, IN 47203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	John K. Morrison, SR VP - Legal	6/23/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.