Filing Fee: \$50.00 ID Number: 00051752



Form No. 624 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

•	
. The legal name of the applicant business of Live Management, LLC	corporation, limited liability company or limited partnership is:
The fictitious business name to be used is	eDebtPay, LLC
The state or territory under the laws of whi	ich it is incorporated, organized or formed is The State of Delaware
The date of incorporation, organization or	formation is March 30, 2009
If a business corporation, the address of it	s registered office within Rhode Island is
If a business corporation, the business in	which it is engaged
Applicant is otherwise authorized to do bu	Under penalty of perjury, I declare that the information contained
ate: December 8, 2009	Live Management, LLC
Date	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	BySignature of Authorized Officer of the Corporation
10:19	By Ryan Dietzman Member Live Manage Signature of Authorized Person for the Limited Liability Company
FILED	<u>or</u>
DEC 10 2009	By



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

