



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 AUG 29 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ICLIVITY LLC

2. The complete street and mailing addresses of the initial designated office:

1580 Ethels LN, IDAHO FALLS, ID 83402
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

JARED C TATE 1580 ETHELS LN, IDAHO FALLS, ID
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>JARED TATE</u>	<u>1580 ETHELS LN, IDAHO FALLS, ID 83402</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

1580 ETHELS LN, IDAHO FALLS, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]
Typed Name: JARED C TATE

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/29/2013 05:00
CK: 1531040 CT: 172099 BH: 1300038
I @ 100.00 = 100.00 ORGAN LLC # 2

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