

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 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 corporation, limited liability company or limited partnership is: Citicorp Vendor Finance, Inc.
- The fictitious business name to be used is Choice Health Leasing
- The state or territory under the laws of which it is incorporated, organized or formed is Delaware
- The date of incorporation, organization or formation is 10/27/1986
- If a business corporation, the address of its registered office within Rhode Island is 10 Weybosset Street
Providence, RI 02903
- If a business corporation, the business in which it is engaged Equipment Lease and Finance
- Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 6/30/08

Citicorp Vendor Finance, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] VP
Signature of Officer for the Corporation Title

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JUL 08 2008
11:21 AM - 0 PM:12:11

FILED
JUL 08 2008
By [Signature] 12:11



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

