Filing Fee: \$50.00

ID Number:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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:

| 2. The fictitious business name to be used is CBR 3. The state or territory under the laws of which it is incorporated, organized or formed is OH 4. The date of incorporation, organization or formation is2/22/02 5. If a business corporation, the address of its registered office within Rhode Island is222 Jefferson Boulevard, Suite 200, Warwick, RI 02888 6. If a business corporation, the business in which it is engagedBill Collections 7. 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. Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By | The legal name of the applicant business corporation, limited liability company or limited partnership is: Royal Oak Financial Services, Inc. | |
|--|--|---|
| 4. The date of incorporation, organization or formation is 2/22/02 5. If a business corporation, the address of its registered office within Rhode Island is 222 Jefferson Boulevard, Suite 200, Warwick, RI 02888 6. If a business corporation, the business in which it is engaged Bill Collections 7. 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. Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Liability Company or Limited Liability Company o | 2. The fictitious business name to be used is CBR 3. The state or territory under the laws of which it is incorporated, organized or formed is OH | |
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| 6. If a business corporation, the business in which it is engaged Bill Collections 7. 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. Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation or the Limited Liability Company Price of Authorized Person for the Limited Liability Company Price of Authorized Person for the Limited Liability Company | 5. If a business corporation, the address of its registered office within Rhode Island is | |
| 7. 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. Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Liability Company FILED Or By Signature of Authorized Person for the Limited Liability Company | 222 Jefferson Boulevard, Suite 200, Warwick, RI 02888 | |
| Under penalty of perjury, I declare that the information contained herein is true and correct. Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Liability Company FILED Or By Signature of Authorized Person for the Limited Liability Company Or | 6. If a business corporation, the business in which it is engaged Bill Collections | |
| Royal Oak Financial Services, Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Liability Company Or Signature of Authorized Person for the Limited Liability Company Plus 11 No. 2, 4, 2008 By Signature of Authorized Person for the Limited Liability Company | | |
| Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation or By Signature of Authorized Person for the Limited Liability Company or ILIN 2 4 2008 By | | |
| Signature of Authorized Officer of the Corporation ness Den or Signature of Authorized Person for the Limited Liability Company or ILIN 2 4 2008 By By | Date: | |
| Signature of Authorized Person for the Limited Liability Company or ILIN 2 4 2008 By | | By San Bay |
| Signature of Authorized Person for the Limited Liability Company Or ILIN 9 4 2008 By | | <u>or</u> |
| ii IN 9 4 2008 By | | By Signature of Authorized Person for the Limited Liability Company |
| JUN 2 4 2008 By Signature of Authorized Person for the Limited Partnership | FILED | <u>or</u> |
| Form No. 624 Revised 12/05 0 34 | 11): 200 | BySignature of Authorized Person for the Limited Partnership |



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

