Filing Fee: \$50.00

ID Number: 156045



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street Providence, Rhode Island 02904-2815

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 fict	itious business name to to	comporation, limited liability company or limited partnership hereby submit comporation, limited liability company or limited partnership is:
3. The star	te or to-the to be used is	South County Nursing and Rehabilitation Center
	which	h it is incorporated assessing
		IMBION IS 3//b/US
5. If a busir	less corporation, the address of its r	egistered office within Rhode Island is N/A
6. If a busine	ess corporation, the business in whic	
	The state of the s	of it is engaged N/A
7. Applicant l	8 Otherwise subborized	
	s otherwise authorized to do bueine	se in the state of Rhode Island.
		Under panalty of partil
Date: 9/15	150	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 9 15	08	[1]
		CPL (South County) LLC Name of Applicant Corpor Ban Limited Usblity Company or Limited Partnership
		Company of Limited Partnership
	FII FD	
	FILED	
	FILED SEP 17 2008	FRANK CERRONE Signature of Authorized Officer of THE CERRONE General Counsel and Secretary
· ·		FRANK CERRONE Signature of Authorized Officer of THE OURS HERBORE General Counsel and Secretary or
		FRANK CERRONE Signature of Authorized Officer of THE OURS HERBORE General Counsel and Secretary or
·	SEP 17 2008 By AMF 184//	Signature of Authorized Officer of HIP CHRONE Signature of Authorized Officer of HIP CHRONE General Counsel and Secretary or Signature of Authorized Person for the Limited Liability Company
·	SEP 17 2008 By AMF U84/1 10:52	Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company
m No. 824 18ed: 12/05	SEP 17 2008 By AMF 10.53 95:81 NV LI d35 0000	Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company
m No. 824 teed: 12/05	SEP 17 2008 By AMF 184//	Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company



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

