

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 02904-2615

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:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: CPL (South County) LLC
2. The fictitious business name to be used is: South County Nursing and Rehabilitation Center
3. The state or territory under the laws of which it is incorporated, organized or formed is: Delaware
4. The date of incorporation, organization or formation is: 9/26/05
5. If a business corporation, the address of its registered office within Rhode Island is: N/A
6. If a business corporation, the business in which it is engaged: N/A
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Date: 9/15/08

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

CPL (South County) LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By: FRANK CERRONE
Signature of Authorized Officer of the Corporation
General Counsel and Secretary

By:
Signature of Authorized Person for the Limited Liability Company

By:
Signature of Authorized Person for the Limited Partnership

FILED
SEP 17 2008
By AMF
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