Filing Fee: \$50.00



## 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, amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits following statement for authority to transact business in the state of Rhode Island under a fictitious business name

	,	N <sup>™</sup>
1.	For the description of the second se	
2.	The fictitious business name to be used is Portfolio Asset Group	
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 8/28/08	
5.	5. If a business corporation, the address of its registered office within Rhode Island is	
155 S. Main Street Suite 301 Providence, RI 02903		
6.	If a business corporation, the business in which it is engaged Debt Buyer	
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.	
		alty of perjury, I declare that the information contained tue and correct.
Da	Pote: PCA Acq	uisitions V, LLV
υa	Date: Name of Ap	licant Corporation, Limited Liability Company or Limited Partnership
	By	ure of Authorized Officer of the Corporation
	Signa	ture of Authorized Officer of the Corporation
	∏: 1∂ BySigna	Howard Endergoure of Authorized Person for the Limited Liability Company
	FILED  DEC 21 2009  Form No. 624 Revised: 12/05  By 3/06 599	or ture of Authorized Person for the Limited Partnership
	Form No. 624 Revised: 12/05  By \( \frac{15}{06} \) 599	