Filing Fee: \$50.00

ID Number:

.<u>1.</u>...



#### 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 | liabil ity | company | or limited | partnership is: |
|----|---|-----------|------------|---------|------------|-----------------|
|    | <b>Collections Acquisition Company, LLC</b>           |           |            |         |            |                 |

2. The fictitious business name to be used is Payliance

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 is \_\_\_\_\_\_

5. If a business corporation, the address of its registered office within Rhode Island is

|             | 2612 Jackson Avenue West                                       | Oxford        | MS          | 38655                           |                    |           |
|-------------|--|---------------|-------------|---------------------------------|--------------------|-----------|
| 6. If a bus | If a business corporation, the business in which it is engaged |               | engaged     | Bill Collections                | H                  |           |
|             |  |               |             |                                 |                    |           |
| 7. Applica  | ant is otherwise authorized to do                              | Rhode Island. | An          |                                 |                    |           |
|             |  |               |             |                                 | <u>0</u> ;         |           |
|             |  |               | م م م م م م | native of montume. I doglara th | at the information | eontained |

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

5.7-10 Date:

#### Collections Acquisition Company, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Signature of Authorized Officer of the Corporation FILED or Bγ 4 2010 Signatore of Authorized Person for the Limited Liability Company or By Signature of Authorized Person for the Limited Partnership

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. ' apr loceio

A. RALPH MOLLIS Secretary of State

