Filing Fee: \$50.00

D Number: 503 240



Revised: 12/05

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: Allstate Gate Operators and Access Controls, LLC						
2.	The fictitious business name to be used is Allsta	ate Fe	nce Company				
3.	The state or territory under the laws of which it is incorporated, organized or formed is						
4.	The date of incorporation, organization or formation is						
5.	If a business corporation, the address of its registe	siness corporation, the address of its registered office within Rhode Island is					
6.	If a business corporation, the business in which it i	is eng	aged		5 AK	,	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.				la: 07		
Dat	te: <u>12-6-10</u>	AI	Under penalty of perjury, I declare that the information contained herein is true and correct. Allstate Gate Operators and Access Controls, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership				
		Ву	Signature of Authorized Officer of			- arulerenip	
10:07 FILED			By Muse Manual Signature of Authorized Person for the Limited Liability Company				
	FILED		<u>or</u>				
Form	DEC 15 2010 1No. By (13 3/64	Ву	Signature of Authorized Person fo	r the Limited P	artnersl	qir	