Filing Fee: \$50.00

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SECRETARY OF STATI CORPORATIONS DIV 2014 APR - 9 AM 10: 31



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:

FILED By Signature of Authorized Officer of the Corporation APR 0 9 2014 By Signature of Authorized Person for the Limited Liability Company Or Signature of Authorized Person for the Limited Liability Company or	1.	The legal name of the applicant business corporation, limited liability company or limited partnership is: Asurion Services, LLC				
4. The date of incorporation, organization or formation is 12/1/1983 3. The date of incorporation, organization or formation is 450 Veterans Memorial Parkway, Suite 7A, East Providence, RI. 02914 6. If a business corporation, the business in which it is engaged Warranty Administrator Services 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 BY 31885 10 134 By Signature of Authorized Person for the Limited Liability Company or	2.	The fictitious business name to be used is Nation	nal Electronics Warranty, LLC			
5. If a business corporation, the address of its registered office within Rhode Island is 450 Veterans Memorial Parkway, Suite 7A, East Providence, RI. 02914 6. If a business corporation, the business in which it is engaged Warranty Administrator Services 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 BY Signature of Authorized Person for the Limited Liability Company or	3.	The state or territory under the laws of which it is in	ncorporated, organized or formed is DE	201	SE	
450 Veterans Memorial Parkway, Suite 7A, East Providence, RI. 02914 6. If a business corporation, the business in which it is engaged Warranty Administrator Services 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 BY Signature of Authorized Officer of the Corporation Or Signature of Authorized Person for the Limited Liability Company Or	4.	The date of incorporation, organization or formation	n is 12/1/1983		P A 22	
6. If a business corporation, the business in which it is engaged Warranty Administrator Services 7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 By APR 0 9 2014 By Signature of Authorized Officer of the Corporation Or Signature of Authorized Person for the Limited Liability Company Or	5.	if a business corporation, the address of its registered office within Knode Island is				
6. If a business corporation, the business in which it is engaged Warranty Administrator Services Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 BY APR 0 9 2014 BY Signature of Authorized Person for the Limited Liability Company Or						
7. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct. Asurion Services, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership APR 0 9 2014 BY 231885 10 ! 34 Or	6.	If a business corporation, the business in which it is	s engaged Warranty Administrator Services	0: 3 1	PATE .	
Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation APR 0 9 2014 By 3 2014 By 3 34 Signature of Authorized Person for the Limited Liability Company or				rmation	n contained	
FILED By Signature of Authorized Officer of the Corporation APR 0 9 2014 By Signature of Authorized Person for the Limited Liability Company Or Signature of Authorized Person for the Limited Liability Company or	Date: 3.17.2014		Asurion Services, LLC			
APR 0 9 2014 By W 22 1 8 8 5 Signature of Authorized Person for the Limited Liability Company or	Da		By SHASIL		d Partnership	
APR 0 9 2014 By W 221885 Signature of Authorized Person for the Limited Liability Company or	FILED Signature of Authorized Officer of the Corporation					
		APR 0 9 2014	<u>or</u>			
/ Rv		BY W 221885 10:34	Signature of Authorized Person for the Limited L	iability	Company	
Signature of Authorized Person for the Limited Partnership		,	Ву			

Form No. 624 Revised: 12/05



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

