Filing Fee: \$50.00

ID Number: <u>22502</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

64:11 NA 61 IOO SUIC SECRIVED AND STATE

## STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

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 abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

1.	The legal name of the applicant business corporation The Hillshire Brands Company	tion, limited liability company, or limited partnership is:
2.	The fictitious business name being abandoned is	Sara Lee Foodservice
3.	The date when the original fictitious business name	ne statement was filed is 12/01/2005
4.	The state or territory under the laws of which it is i	ncorporated, organized or formed is Maryland
5.	The date of incorporation, organization or formation	on is <u>09/04/1941</u>
6.	If a business corporation, the address of the regist	tered office within Rhode Island is CT Corporation System, 450
	Veterans Memorial Highway, Suite 7A, East Pro	ovidence, RI 09214
Date	<sub>:e</sub> . 10/12/2015	Under penalty of perjury, I declare that the information contained herein is true and correct.  The Hillshire Brands Company
	~ <u></u>	By Signature of Authorized Officer of the Corporation
	FILED	<u>or</u>
	OCT 1 9 2015	By
	BY M 258720	<u>or</u> By
	11:49	By Signature of Authorized Person for the Limited Partnership

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

