ID Number: 000098723



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615 SECRETARY OF STA

APPLICATION FOR TRANSFER OF AUTHORITY

Staples	s Contract & Commercial, Inc.				
	(Insert full name of the entity following the transfer)				
SECT	ION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY				
Pursua qualific	ant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly ed foreign (check one box only):				
	Non-Profit Corporation or ■ Business Corporation or ■ Limited Liability Company or				
	Limited Partnership or Limited Liability Partnership				
submit	is the following Application for the purpose of transferring its authority to a (check one box only):				
	Limited Partnership or Limited Liability Company or Business Corporation or				
	Limited Liability Partnership or Non-Profit Corporation				
a.	The name of the entity filing this application for transfer is: Staples Contract & Commercial, Inc.				
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 01/20/1998				
C.	The jurisdiction upon transfer of authority: Delaware				
d.	The name of the entity following the transfer of authority is:				
	Staples Contract & Commercial LLC				
e.	The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).				
f.	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.				

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SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date:_				
	Print Name of Other Entity	<u>OR</u>	Print Name of Partnership	
Ву:	Signature of Authorized Person		By:Signature of Partner	
Ву:	Signature of Authorized Person		By:Signature of Partner	
			By:Signature of Partner	
Staple	s Contract & Commercial, Inc.			
Ву	Print Name of Corboration Signature of Authorized Person	<u>OR</u>	Print Name of Limited Liability Company By: Signature of Authorized Person	
, Ву:	Jeff Hall, Manager Signature of Authorized Person		By: Signature of Authorized Person	