Filing Fee: \$	\$50.00
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ID Moonetee	97105
ID Number:	



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 Star Relocation Network Alliance,			liability company or limited p	partnership is:		
2	The fictitious business name to be used isSt	ar	Move	Alliance	·-	_	
3.	The state or territory under the laws of which it is inc	corpo	rated	d, organized or formed is	Rhode Is	land	
4.	The date of incorporation, organization or formation	is _	Oc	tober 6, 1997		2097	<u>.</u>
5.	If a business corporation, the address of its registere				-	KER	7.7
	Ten Weybosset Street, Providence, R	hode	? [s	land 02903		رب س	
6.	If a business corporation, the business in which it is	enga	aged	To engage in the l	business of	7.7	
	providing relocation services of al	l t	voes	. both intrastate a	nd intersta	 	- 1
	Applicant is otherwise authorized to do business in f	Und	der po	enalty of perjury, I declare the true and correct.	hat the informa	tion co	ıntained
Date: March 12, 2007		Star Relocation Network Alliance, Inc.					
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership					
			Sign	nature of Authorized Officer of the	トランマン トゥリング アイフィー・アイ・アイト アイ・アイト トゥリング トゥリング トゥリング アイ・アイト アイト・アイト アイ・アイト アイ・アイ・アイト アイ・アイト アイ・アイト アイ・アイト アイ・アイ・アイト アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・アイ・ア	<u>Paesio</u>	lest
MAR 1 5 2007 By				<u>or</u>			
		Ву	Sigr	nature of Authorized Person for	the Limited Liab	ility Cor	npany
		Ву		<u>or</u>			
11-19902			Sigr	nature of Authorized Person for	the Limited Part	nership	