ID Number: <u>1/6</u>2/5



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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

## FICTITIOUS BUSINESS NAME STATEMENT

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 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 corpora Automotive Recovery Services, Inc.	ntion, limited liability company or limited partnership is:
2.	The fictitious business name to be used is ADE	SA Impact (C) 11971 Con Jordan
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	on is 12/13/00
5.	If a business corporation, the address of its regist  10 Weybosset Street, Providence, RI 02903	ered office within Rhode Island is CT Corporation System
6.	If a business corporation, the business in which it containment services catering to the auto ins	
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.	
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 8/14/01		Automotive Recovery Services, Inc.
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED  SEP 0 6 2001	By Karen C. Lune / Signature of Officer for the Corporation Title
	By Condity	BySignature of Authorized Person for the Limited Liability Company
	M. Dras for cas	BySignature of Authorized Person for the Limited Partnership
	т No. 624 ised: 01/99	