DOC ID ----> 200733103126

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/28/2007	200733103126	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1742143

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FIRST STUDENT

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 10/01/2007
Expiration Date: 11/27/2012

Document No(s):

200733103126

LAIDLAW TRANSIT, INC.
55 SHUMAN BLVD.
STE. #400
NAPERVILLE, IL 60563

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of November, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200733103126

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

X Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Nonprofit)

Filing Fee $50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO)	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use 10/01/2007 MM/DD/YYYY		☐ Original ☐ Renewal Registration No.

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is FIRST STUDENT

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. ____
- ☐ Ohio Limited Liability Co., Reg. No. ____
- ☐ Ohio Corporation, Charter No. ____
- ☐ General Partnership
- ☐ Other ____
- ☒ Foreign Corporation incorporated in the state of Delaware holding Ohio license no. 802861
- ☐ Unincorporated Association
- ☐ Foreign Limited Liability Co. holding Ohio Reg. No. ____ organized in the state of ____

The name of the registrant designated above is

LAIDLAW TRANSIT, INC.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

55 SHUMAN BLVD., STE. #400
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

NAPERVILLE	DUPAGE	IL	60563
(City)	*(County)*	*(State)*	*(Zip Code)*

CLERK OF THE COURTER
2007 NOV 27 PM 3:45

DOC ID ----> 200733103126

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS **COMPLETE RESIDENTIAL ADDRESSES (including zip code)**

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Provide school bus transportation

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME**

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant) *(Print Name)*

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative — Date: 11/16/07

Authorized Representative — Date

DOC ID ----> 200733103126

Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Nonprofit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) **This filing does not extend the registration period**

☒ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☐ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)

☐ ***Check here if additional provisions are attached***

Charter or Registration No. of Entity Giving Consent 719120

Name of Entity Giving Consent FIRST STUDENT, INC.

Gives Its Consent To LAIDLAW TRANSIT, INC.

To Use The Name FIRST STUDENT

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative	Date 11/16/07
Authorized Representative	Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.