



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000794379	Springleaf Consumer Loan, Inc.	Good Standing Certificate
000794661	Springleaf Mortgage Services, Inc	Good Standing Certificate

Total Fee: \$42.00

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: RANDY MATHEUS

Business Name: SPRINGLEAF FINANCIAL SERVICES

No. and Street: 1270 NORTHLAND DRIVE, SUITE 200
MENDOTA OFFICE CENTER II

City or Town: MENDOTA HEIGHTS

State: MN Zip: 55120 Country: USA

Contact Phone: (612) 638-6277 ext:

Contact Email: RANDAL.MATHEUS@SPRINGLEAF.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.