



**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
000994375	Chiropractic Sports Performance Institution PC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: MICHELLE FORKE

Business Name: NCMIC

No. and Street: 14001 UNIVERSITY AVE

City or Town: CLIVE

State: IA

Zip: 50325

Country: US

Contact Phone: 5153134658 ext:

Contact Email: MFORKE@NCMIC.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.