



**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
000102645	Dental Health Alliance, L.L.C.	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: CONNIE TURNIPSEED

Business Name: ASSURANT

No. and Street: 2323 GRAND BLVD

City or Town: KANSAS CITY

State: MO Zip: 64108 Country: USA

Contact Phone: (816) 474-2426 ext:

Contact Email: CONNIE.TURNIPSEED@ASSURANT.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.