State of Rhode Island and Providence Plantations Office of the Secretary of State				
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Reque	st Form			
Request Information (Entity Name is only required for a Certificate of Non-Existence)				
ID	ENTITY NAME		CERTIFICATE TYPE	
000142771	Chow Fun, Inc.		Long Form Good Standing	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: ANGELA TOUSSAINT				
No. and Street: 200	ORITY PAYMENT SYSTEMS 11 WESTSIDE PKWY ITE 155			
City or Town: ALL Contact Phone: 855 Contact Email: JON	PHARETTA S -298-1209 ext: N.COHEN@AEXP.COM	tate: <u>GA</u>	Zip: <u>30004</u>	Country: <u>US</u>
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.				
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