



**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
000162916	Balance Chiropractic & Wellness Center, P.C.	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: USA

Contact Phone: 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.**