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 Request Form					
Request Information					
ID	ID ENTITY NAME		CERTIFICATE TYPE		
000144479	Tanya Becker, M.D., Inc.		Certificate of Good Standing		
Filer's Contact Informatic (Enter a contact name, ma Contact Name: <u>Melissa S</u> Business Name: <u>Alpine B</u> No. and Street: 175 Mer	iling address and email.) <u>Stephens</u> an <u>k</u>				
City or Town: Durango		e: <u>CO</u>	Zip: <u>81301</u>	Country: USA	
Contact Phone: 9704267182 ext: Contact Email: melissastephens@alpinebank.com Please provide an email address to receive an expedited response from us if the filing is rejected					
	ail address is provided, we wil	l respond b	y mail.		