	ence Plantation f State	S		
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request	Form			
Request Information				
ID	ENTITY NAME		CERTIFICATE	TYPE
001019754	SAFE PASSAGE NEUROMONITORING	ð,	Certificate of Good Standing	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Kathy Clark Business Name: No. and Street: 3675 Crestwood Pkwy, Suite 350				
City or Town: <u>Duluth</u> S Contact Phone: ext:		ate: <u>GA</u>	Zip: <u>30096</u>	Country: <u>USA</u>
Contact Email: <u>kclark@urscompliance.com</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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