

## 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**

ID	ENTITY NAME	CERTIFICATE TYPE
000150596	OBS, Inc.	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Micah Caudle

Business Name:

No. and Street: PO Box 1831

City or Town: Austin State: TX Zip: 78767 Country: USA

 $\begin{array}{lll} \text{Contact Phone:} & \underline{512\text{-}474\text{-}8377} & \text{ext:} & \underline{3022} \\ \text{Contact Email:} & \underline{mcaudle@capitolservices.com} \end{array}$ 

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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