



**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
000792315	MEDICAT, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: TRAVIS KOWALSKI

Business Name:

No. and Street: 510 W. 6TH STREET

City or Town: LOS ANGELES

State: CA Zip: 90014 Country: USA

Contact Phone: 5623647346 ext:

Contact Email: TRAVIS.KOWALSKI@TELOSLEGALCORP.COM