



**State of Rhode Island
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
001684396	CL OPERATING LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Travis Moore

Business Name: Alliance Partners

No. and Street: 4445 Willard Avenue, Suite 1100

City or Town: Chevy Chase

State: MD

Zip: 20815

Country: USA

Contact Phone: 3012325439 ext:

Contact Email: tmoore@alliancepartners.com