

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
000096683	Honda Lease Trust	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Maria Llamas</u>
Business Name: <u>Honda Lease Trust</u>
No. and Street: <u>1919 Torrance Blvd</u>

City or Town: Torrance State: CA Zip: 90501 Country: USA

 $\begin{array}{llll} \text{Contact Phone:} & \underline{3109722261} & \text{ext:} & \underline{22261} \\ \text{Contact Email:} & \underline{maria_llamas@ahm.honda.com} \end{array}$

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