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
000161600	IlluminOss Medical, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: JENNIFER GREEN
Business Name: FREEMAN HEALTH SYSTEM
No. and Street: PO BOX 4769
City or Town: JOPLIN State: MO Zip: 64803 Country: USA
Contact Phone: 417-347-4902 ext:
Contact Email: JLGREEN@FREEMANHEALTH.COM

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