



**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
000508452	Daniels Sharpsmart, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Tim Miklos

Business Name:

No. and Street: 111 W Jackson Blvd
STE 1900

City or Town: Chicago

State: IL

Zip: 60604

Country: USA

Contact Phone: ext:

Contact Email: ustax@danielshealth.com