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
000071101	CompuClaim, Inc.	Certificate of Good Standing

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

Contact Name: Bailey Bell
Business Name: Northwest Registered Agent LLC
No. and Street: 784 Clearwater Loop
City or Town: Post Falls State: ID Zip: 83854 Country: USA
Contact Phone: 5097682249 ext:
Contact Email: eastern@northwestregisteredagent.com