



**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
000694739	MEDICAL SECURITY CARD COMPANY, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Stephanie Martin

Business Name: Medical Security Card Company, LLC

No. and Street: 350 S Williams Blvd.

City or Town: Tucson

State: AZ

Zip: 85711

Country: USA

Contact Phone: 5208888070 ext:

Contact Email: smartin@scriptsave.com