



**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
001717561	Bind Benefits, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Leslie Kallas

Business Name: Nilan Johnson Lewis

No. and Street: 250 MARQUETTE AVE SO
Ste 800

City or Town: Minneapolis

State: MN

Zip: 55401

Country: USA

Contact Phone: 6123057500 ext:

Contact Email: lkallas@nilanjohnson.com