



**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
000100401	Oregon Native, Ltd.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Frank Delfer

Business Name: Oregon Native

No. and Street: 538 Dale Dr

City or Town: Incline Village

State: NV

Zip: 89451

Country: USA

Contact Phone: 9162030360 ext:

Contact Email: fdelfer@att.net