

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
000171029	ENTERPRISE PRODUCTS OPERATING, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Josh Agent Murphy

Business Name: Registered Agent Solutions Inc

No. and Street: $\overline{\underline{5301}}$ SOUTHWEST PKWY SUITE 400

City or Town: Austin State: TX Zip: 78735 Country: USA

Contact Phone: <u>18887057274</u> ext: Contact Email: <u>jmurphy@rasi.com</u>

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