



**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
001706584	First Seed Psychiatry LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Jennifer Carry

Business Name: Registered Agents Inc

No. and Street: 784 S Clearwater Loop

City or Town: Post Falls

State: ID

Zip: 83854

Country: USA

Contact Phone: 307-200-2803 ext:

Contact Email: eastern@registeredagentsinc.com