

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
000442122	SNH Medical Office Properties Trust	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>DENISE WIPPER</u>
Business Name: <u>Cogency Global Inc.</u>
No. and Street: <u>698 12TH STREET SE</u>

<u>Suite 200</u>

City or Town: <u>SALEM</u> State: <u>OR</u> Zip: <u>97301</u> Country: <u>USA</u>

Contact Phone: ext:

 ${\tt Contact\ Email:}\ \underline{DWIPPER@COGENCYGLOBAL.COM}$

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