

## 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
000108546	Network and Simulation Technologies Incorporated	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: Jill Gonser

Business Name: Capitol Lien Records & Research, Inc.

No. and Street:  $\underline{1010\ DALE\ STREET\ N}$ 

City or Town: <u>ST. PAUL</u> State: <u>MN</u> Zip: <u>55117</u> Country: <u>USA</u>

Contact Phone: ext:

Contact Email: <u>JILL.GONSER@CAPITOLLIEN.COM</u>

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