



**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
001740662	7 ANCHOR LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Amber Swaldi

Business Name: Double Backflip LLC

No. and Street: 2130 South Poppy St

City or Town: Lakewood

State: CO

Zip: 80228

Country: USA

Contact Phone: 4843889386 ext:

Contact Email: amber.swaldi@dobackflip.com