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
001695473	HIT Portfolio I Owner, LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: DAVID HARMON
Business Name:
No. and Street: 901 S. 2nd Street
Suite 201
City or Town: Springfield State: IL Zip: 62704 Country: USA
Contact Phone: 7142508626 ext:
Contact Email: thabui@firstam.com