



**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
001776788	iHealth Labs, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Laura Hu

Business Name: iHealth Labs, Inc.

No. and Street: 880 W. Maude Ave.

City or Town: Sunnyvale

State: CA

Zip: 94085

Country: USA

Contact Phone: ext:

Contact Email: laura.hu@ihealthlabs.com