

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
001782606	Empower Clinic Services New Jersey, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Incorp Services Inc</u>

Business Name:

No. and Street: 9107 West Russell Road

Ste 100

City or Town: <u>Las Vegas</u> State: \underline{NV} Zip: $\underline{89148}$ Country: \underline{USA}

Contact Phone: 7028662500 ext:

Contact Email: processing@incorp.com

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