

## 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
000486257	SPECIALTY HEARTH PRODUCTS LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: ACCOUNT PAYABLE

Business Name:  $\underline{META\ SOURCE}$ 

No. and Street:  $\underline{67~W~134900~S~STE~300}$ 

City or Town: <u>DRAPER</u> State: <u>UT</u> Zip: <u>84020</u> Country: <u>USA</u>

Contact Phone: <u>8019051529</u> ext:

Contact Email: Trjenkins@metasource.com

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