



**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
001708467	BT2 Managing Member, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: LATIFAH ABEYTA

Business Name:

No. and Street: 1545 RIVER PARK DR STE 330

City or Town: Sacramento

State: CA

Zip: 95815

Country: USA

Contact Phone: ext:

Contact Email: LATIFAH@CLASINFO.COM