

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
001673249	Service 1st, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Kenneth Nickel

Business Name:

No. and Street: P.O. Box 709

City or Town: Saint Croix Falls State: \underline{WI} Zip: $\underline{54024}$ Country: \underline{USA}

Contact Phone: <u>8886971777</u> ext:

Contact Email: amc@compliancefreedom.com

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