

# UCC INFORMATION REQUEST

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT
B. RETURN TO: (NAME & ADDRESS)

1. DEBTOR NAME to be searched-insert only one debtor name (1a or 1b)-do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME                      FIRST NAME                      MIDDLE NAME                      SUFFIX

2. INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:

2a. SEARCH RESPONSE                                      \_\_\_ CERTIFIED (optional)

Select one of the following:

\_\_\_ ALL (Check this box to request a response that is complete, including filings that have lapsed.)

\_\_\_ UNLAPSED

2b. COPY REQUEST    \_\_\_ CERTIFIED (optional)

Select one of the following:

\_\_\_ ALL

\_\_\_ UNLAPSED

2c. SPECIFIED COPIES ONLY                                      \_\_\_ CERTIFIED (optional)

Record Number	Date Record Filed (if required)	Type of Record & Additional Identifying Information (if required)

3. ADDITIONAL SERVICES

4. DELIVERY INSTRUCTIONS (request will be filled by mail sent to address shown in item B unless otherwise instructed here):

4a. \_\_\_ Pick Up

4b. \_\_\_ Other

Specify desired method here (if available from this office): provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #.