FORMATION REQUEST LOW INSTRUCTIONS (find and back) CAREFULLY NAME & RHONG CONTACT logical and back) CAREFULLY NAME & RHONG CONTACT logical and Addisonal control of the second of the							
NAME & PHONE OF CONTACT to globous States of the Control of States							
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR NAME to be searched - insert only sog dottor name (it or 1s) - do not aboverable or combine sames Is ORGANIZATIONS NAME THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE	NAME & PHONE OF CONTACT [opti	onal	FILING OFFICE ACCT #	7		0	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TREADULATED AND THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TREADULATED AND THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TREADULATED AND THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TREADULATED AND THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TREADULATED AND THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SUFFICIENT ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR	RETURN TO: (Name and Address)			-		01	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TABLE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TABLE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TO NOTIFICAL STANKE TO NOTIFICAL STANKE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY FIRST NAME MICOLE NAME SUFFIX Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Type of Record and Additional Identifying information (if required) ADDITIONAL SERVICES:	- LyNE	Cox, O	PARALEGAL -			<u> </u>	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TABLE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TABLE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TO NOTIFICAL STANKE TO NOTIFICAL STANKE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY FIRST NAME MICOLE NAME SUFFIX Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Select gine of the following two options: SALL (Check this box to requect a response that is complete, including filings that have lapsed) WILLAP: Type of Record and Additional Identifying information (if required) ADDITIONAL SERVICES:	1631 F	TSHER	57.	[02	
DESTOR NAME to be searched - insert only gag debtor name (it or 1s) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME DETALLY ONLINE AUCTIONS 1s. NEOVIDUAL'S LAST NAME NFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in Item 3: 2a. SEARCH RESPONSE CERTIFIED (Optignal) Select gas of the following two options: LL (Check this box to request a response that is complete, including filings that have lapsed) UNIALP! DESPECTIFIED COPTIFIED (Optignal) Select gas of the following two options: RELL UNIALPSED Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) ADDITIONAL SERVICES:	MUNSTE		46321				
In Continue Contin		-, -,-	1650-7	ı			
1s. ORGANZATIONS NAME FIRST NAME	DEBTOR NAME to be searched -	insert only one debtor na	me (1s or 1b) - do not abbrevia	THE ABOVE 8	PACE IS FOR FILING	OFFICE USE	ONLY
15. NDVIDUAL'S LAST NAME	1a. ORGANIZATION'S NAME) (
La. SEARCH RESPONSE CERTIFIED (Optignal)	1b. INDIVIDUAL'S LAST NAME	nzer				2 mars	SUFFIX
2a. SEARCH RESPONSE CERTIFIED (Optignal)	NFORMATION OPTIONS relati	ing to UCC filings and	other notices on file in the	filing office that include as a	Debtor name the name	Identified in R	lom te
28. COPY REQUEST COPUS ONLY COPUS	a. SEARCH RESPONSE 🔲 C	ERTIFIED (Optional)				1.0	Tin.
Record Number Date Record Filed (If required) Type of Record and Additional Identifying Information (if required) Date Record Filed (If required) Type of Record and Additional Identifying Information (if required) Date Record Filed (If required) Type of Record and Additional Identifying Information (if required) Date Record Filed (If required) Type of Record and Additional Identifying Information (if required) Date Record Filed (If required) Type of Record and Additional Identifying Information (if required)	b. COPY REQUEST C	ERTIFIED (Optional)	neck this box to request a	response that is complete, in	cluding filings that have	lepsed.)] UNLAP:
Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) ADDITIONAL SERVICES:							(1)50
ADDITIONAL SERVICES:	SPECIFIED COPIES ONLY	CEKILIED	Upuonai)			F	, S
	Record Number	Date F	Record Filed (If required)	Type of Record and Addit	tional Identifying Info	rmation (if re	quired)
					<u> </u>		
IELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):	INDITIONAL OFFICE						
IELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):	ADDITIONAL SERVICES:						
IELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):	ADDITIONAL SERVICES:						
ELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise (natruoted here):	NUDITIONAL SERVICES:						
ELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise (nstructed here):	NUUI HONAL SERVICES:						
IELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):	ADDITIONAL SERVICES:						
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):	NULL HONAL SERVICES:						
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):							
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):							
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):	ADDITIONAL SERVICES:						
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise (natructed here):	ADDITIONAL SERVICES:					,	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):			i			,	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):	ADDITIONAL SERVICES:						
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise (natructed here):	ADDITIONAL SERVICES:					,	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):						,	
	ADDITIONAL SERVICES:		i a			•	