| INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF | :ULL!Y | 2005 | 0004 | 12 | FILED I | E C |
|--|---|---------------------|------------------|------------------------|----------------------|--------------|
| A. NAME & PHONE OF CONTACT [optional] Mary Land 162-710 B. RETURN TO (Name and Address) Labor | Though St | | THE AROVE SPA | CE IS FOR FILING O | | |
| 1. DEBTOR NAME to be searched - insert only one | debtor name (1a or 1b) - do not | | | 02101000 | 1102 002 01421 | |
| 1a. ORGANIZATION'S NAME | + John LL | C | | | | |
| OR 1b. INDIVIDUAL'S LAST NAME | <u>, , , , , , , , , , , , , , , , , , , </u> | ST NAME | | MIDDLE NAME | SUFFIX | - |
| 2b. COPY REQUEST CERTIFIED (O Select one of the following two options: | ALL (Check this box to reptionál) ALL UNLA RTIFIED (Optional) | | | ong migs trat haro | lapsed.) UNLAI | |
| Record Number | Date Record Filed (if re | quired) Type of Rec | ord and Addition | nal identifying Inform | mation (if required) | |
| 3. ADDITIONAL SERVICES: | | | | : | | |
| | | | | | | |
| 4. DELIVERY INSTRUCTIONS (request will be comp | | | | | 5/5/05 | |