INFORMATION REQUEST
State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER *(optional)*	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER *(optional)*	
C. RETURN TO: *(Name and Address)*	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1. DEBTOR'S NAME to be searched: Provide only one Debtor name (1a or 1b) *(Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.)*

1a. ORGANIZATION'S NAME	
OR 1b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1:

2a. SEARCH RESPONSE ☐ CERTIFIED *(Optional)*
Select one of the following two options: ☐ 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 two options: ☐ ALL ☐ UNLAPSED

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED *(Optional)*

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

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS *(Request will be completed and mailed to the address shown in item C 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#, etc.)