

INFORMATION REQUEST
(UCC-11) CALIFORNIA (REV. 09/01/02)

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
<div style="border: 1px solid black; width: 80%; margin: auto; height: 80%;"></div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 and other notices on file in the filing office that include as a Debtor name the 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 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 #, etc.)