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

INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<table>
<thead>
<tr>
<th>A. NAME &amp; PHONE OF CONTACT [optional]</th>
<th>FILING OFFICE ACCT #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. RETURN TO: (Name and Address)

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.)