



* U C C 1 1 *

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] Mrs. Thayer (401) 596-0225	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) Charles Soloveitzik, Esquire Two Elm Street - P.O. Box 414 Westerly, Rhode Island 02891	

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 Midway Pizza House			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX

2. INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:

2a. SEARCH RESPONSE	☐ CERTIFIED (Optional)
Select One of the Following:	
☐ 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:	
☐ 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 filled by mail sent to address shown in item B unless otherwise instructed here):

4a. ☐ Pick Up
4b. ☒ Other return envelope enclosed

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.)