A. NAME & PHONE OF CONTAC	G (front and back) CAREFULLY T [Optional] FILING OFFICE	E ACCT#		
B. RETURN TO: [Name and A Parasearch, In				
. DEBTOR NAME to be searche	d - insert only one debtor name (1a or 1b) - do	THE ABO	OVE SPACE IS FOR FILING OFFI	CE USE ON
1a. ORGANIZATION'S NAME		no abbreviate or combine names		
OR Bridge to	Fitness, Inc.	FIRST NAME	MIDDLE NAME	SUF
b. COPY REQUEST INFORMATION REQUEST ete and time of filing and name and	RESPONSE WITHOUT COPIES — Filin CERTIFIED (Optional) RESPONSE WITH FULL COPIES — Filin address of each Secured Party named therein.			
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