WEGDINATION DEGIL	- O T						
INFORMATION REQUE FOLLOW INSTRUCTIONS (front a		REFULLY					
A. NAME & PHONE OF CONTACT [Optional		FILING OFFICE AC	CCT#				
CJ/RICH 732-2490	-						
B. RETURN TO: [Name and Address]							
ParaSearch, Inc.			Į i				
222 Jefferson Blvd. Warwick, RI							
Walwick, N							
				THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY	
DEBTOR NAME to be searched - insert	only one debtor na	me (1a or 1b) - do no	abbreviate or	combine names			
1a. ORGANIZATION'S NAME							
Item Realty II, LLC			FIRST NAME	-	MIDDLE NAME	SUFFIX	
1b. INDIVIDUAL'S LAST NAME			FINOI NAME		WIDDLE HANG	351710	
✓ INFORMATION REQUEST RESP reported records. 2b. COPY REQUEST ☐ INFORMATION REQUEST RESP	CERTIFII	ED (Optional) LL COPIES — Filir	ng office reques	sted to furnish a search report listin	g all financing statements ar	nd related records showing	
date and time of filing and name and addres	ss of each Secured	Party named therein,	and also furnis	sh an exact COPY of ALL reported	records (including all attach	ments).	
2c. SPECIFIED COPIES ONLY	CERTIFI	ED (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 mai	il sent to address sho	wn in item B u	nless otherwise instructed here):			
4. DELIVERY INSTRUCTIONS (request	will be filled by mai	il sent to address sho	wn in item 8 u	nless otherwise instructed here):			