FORMATION REQU	JEST					
DLLOW INSTRUCTIONS (fron						
, NAME & PHONE OF CONTACT (Option Rich (732-2490)	onal] F	ILING OFFICE ACC	CT#			
RETURN TO: [Name and Address]						
ParaSearch			1			
ı			1			
				THE ABOVE S	PACE IS FOR FILING OFFI	CE USE ONLY
DEBTOR NAME to be searched - ins	ert only one debtor name	(1a or 1b) - do no	abbreviate or	combine names		
1a. ORGANIZATION'S NAME Golden Land Restaul	rant Inc.					
1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	SUFFIX
					A DERTOR MANE THE MASSE IDENTIFE	ICD IN ITEM 1:
INFORMATION OPTIONS RELATING. SEARCH RESPONSE	NG TO UCC FILINGS & OTI	HER NOTICES ON F	ILE IN FILING	OFFICE THAT INCLUDE AS	A DEBIOR NAME THE NAME IDENTIFE	ED IN TIEM I.
INFORMATION REQUEST RE reported records.	SPONSE WITHOUT (COPIES — Filing	office request	ed to furnish a search repor	t listing all reported records, but to fu	rnish NO COPIES of
b. COPY REQUEST	CERTIFIED	(Optional)				
INFORMATION REQUEST RE	SPONSE WITH FULL	. COPIES — Filini	g office reque and also furni	sted to furnish a search rep sh an exact COPY of ALL re	ort listing all financing statements and eported records (including all attachm	d related records showinents).
c. SPECIFIED COPIES ONLY	☐ CERTIFIED	******				
			Tuna	of Boord and Addition	ial Identifying Information (if req	uired)
Record Number	Date Record File	ed (il required)	гуре	Of Necord and Addition	at toothaying information (in too	JR GG/
ADDITIONAL SERVICES						
. DELIVERY INSTRUCTIONS (req	uest will be filled by mail:	sent to address sho	wn in item B	unless otherwise instructed	here):	
4a. ☑ Pick Up						
4b. Other	411111111111111111111111111111111111111				e's account# with delivery service, addre	