[redacted]

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [Optional]	FILING OFFICE ACCT#
401-434-2800	

B. RETURN TO: [Name and Address]

Charles M Koutsogiane, Esq.
One Grove Avenue
East Providence, RI 02914

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do no abbreviate or combine names

1a. ORGANIZATION'S NAME
D & H Therapy, LLC

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

☐ INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO COPIES of reported records.

2b. COPY REQUEST ☐ CERTIFIED (Optional)

☑ INFORMATION REQUEST RESPONSE WITH FULL COPIES — Filing office requested to furnish a search report listing all financing statements and related records showing date and time of filing and name and address of each Secured Party named therein, and also furnish an exact COPY of ALL reported records (including all attachments).

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_____

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.)