



\* U C C 1 1 \*

## INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] Christopher J. O'Connor, Esq.		FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)  Christopher J. O'Connor, Esq. POORE & ROSENBAUM LLP 30 Exchange Terrace Providence, RI 02903		

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 TruStone America, Ltd.				
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	<input checked="" type="checkbox"/> CERTIFIED (Optional)
Select One of the Following:	
<input checked="" type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.)	
<input type="checkbox"/> UNLAPSED	
2b. COPY REQUEST	<input checked="" type="checkbox"/> CERTIFIED (Optional)
Select One of the Following:	
<input checked="" type="checkbox"/> ALL	
<input type="checkbox"/> UNLAPSED	
2c. SPECIFIED COPIES ONLY	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Pick Up
4b. <input type="checkbox"/> Other <u>Please call Jennifer @ 831-2600 for pickup. Thank you</u>

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.)