OW INSTRUCTIONS (front and back) CAREFULLY ME & PHONE OF CONTACT [Optional] 1-854-0969 TURN TO: [Name and Address] Gina M. Illiano, Esquire 5 Cathedral Square Providence, RI 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY BTOR NAME to be searched - insert only one debtor name (1a or 1b) - do no abbreviate or combine names 1a. ORGANIZATION'S NAME L.W. ASSOCIATES - Temple North L.P. 1b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME THE NAME IDENTIFIED IN ITEM 1: SEARCH RESPONSE FORMATION OPTIONS RELATING TO LCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1: SEARCH RESPONSE TOPORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO COPIES in reported records. COPY REQUEST TYPE OF RECORD ALL reported records (including all attachments). Type of Record and Additional Identifying Information (if required)	ORMATION REQU	FST					
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