

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] Celine 802-878-0011	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) O'Cieran & Middlebrook, Inc. 600 Blair Park Rd., Suite 205 Williston, VT 05495	

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			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	Willis	John	

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <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 type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input 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 completed and mailed to the 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.)