NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PROME OF CONTACT (potency)  FILING OFFICE ACCT*  B. RETURN TO: (Name and Address)  BRUCE THIBODEAU 55 PINE ST PROV R I 2722900  THE ABOVE SPACE IS FOR FILING OFFICE USE  IN CROMATION NAME BICKEY DEVELOPMENT  IN ROPUCLAUS LAST NAME  PIRST NAME  INFORMATION OPTIONS RELating to UCC FILINGS & OTHER HOTICES ON FILE IN FILING OFFICE THAT INCLIDE AS A DESTOR NAME THE NAME (DENTIFED IN TEX. SEARCH HESPONSE  INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all "reported records, but to furnish No reported records.  INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all imprincing coloreness and records cable sets time of lining and roman and autorise of decol Secured Party manual distress, and dec furnish in search report listing and filing and imprincing all distributions.  INFORMATION REQUEST RESPONSE WITH FULL COPIES — Filing office requested to furnish a search report listing and filing and imprincing collements and records and additional incentifying information (if required).  CERTIFIED (Distribut)  Record Number:  Date Record Filed (a required):  Type of Record and Additional Identifying Information (if required).  ADDITIONAL SERVICES	
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RETURN TO: (Name and Address)  BRUCE THIBODEAU 55 PINE ST PROV R I 2722900  THE ABOVE SPACE IS FOR FILING OFFICE USE  DEBTOR NAME to be searched - insert only one diabtor name (1a or 1b) - do no abbreviate or combine names  Is. ORGANIZATION'S NAME BICKEY DEVELOPMENT It. INDIVIDUAL'S LAST NAME  INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME DENTIFIED IN ITE.  B. SEARCH RESPONSE  INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO epophed record in the propertied record in the properties of the properties	
ILOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT [Optional]    FILING OFFICE ACCT*	
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Record Number  Date Record Filed (If required)  Type of Record and Additional Identifying Information (if required)	recards show
ADDITIONAL SERVICES	
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DELIVERY INSTRUCTIONS (request will be filled by mail sent to address shown in item B unless otherwise instructed here):	
4a. Pick Up  4b. Other	