INFORMATION REG	NUEST				
FOLLOW INSTRUCTIONS (fro A. NAME & PHONE OF CONTACT [OF		CCT#			
CJ B. RETURN TO: [Name and Address	asi	_			
ParaSearch		7	S		
			THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
. DEBTOR NAME to be searched - in 1a. ORGANIZATION'S NAME	nsert only one debtor name (1a or 1b) - do no	abbreviate or	combine names		
OR Alden Yachts Corpo	ration	 .			_
16. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
ER. OBARON REGPONSE	ING TO UCC FILINGS & OTHER NOTICES ON ESPONSE WITHOUT COPIES — Filing				
2b. COPY REQUEST	☐ CERTIFIED (Optional)				
INFORMATION REQUEST REdate and time of filing and name and ad	ESPONSE WITH FULL COPIES — Filin kiress of each Secured Party named therein,	ig office request and also fumisi	red to furnish a search report listing in an exact COPY of ALL reported re	all financing statements an cords (including all attachn	d related records showing nents).
c. SPECIFIED COPIES ONLY	☐ CERTIFIED (Optional)				
Record Number	Date Record Filed (if required)	Date Record Filed (if required) Type of Record and		lying Information (if req	uired)
ADDITIONAL SERVICES					
DELIVERY INSTRUCTIONS (reque	est will be filled by mail sent to address show	n in item B unle	ss otherwise instructed here):		
4a. ☑ Pick Up					
4b. Other Specify desired method here (if avai	ilable from this office); provide delivery informatio	n (e.g., delivery s	ervice's name, addressee's account#	with delivery service, address	200 200 200 200 200 200 200 200 200 200