| NFORMATION REQ | | | | | |
|---|---|---------------------|---|---------------------------------------|---------------------------|
| OLLOW INSTRUCTIONS (fro A. NAME & PHONE OF CONTACT [Op | • | | • | | |
| Rich | tional] FILING OFFICE | ACCT# | | | |
| 8. RETURN TO: [Name and Address | sj | | | | |
| ParaSearch, Inc. | | | | | |
| r uracouron, mo. | | | | | |
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| <u></u> | | 1 | | | |
| DERTOR NAME to be seemed in | | | THE ABOVE SPACE | IS FOR FILING OF | ICE USE ONLY |
| 1a. ORGANIZATION'S NAME | sert only one debtor name (1a or 1b) - do r | no abbreviate or | combine names | | |
| | afe, LLC d/b/a Pinelli's No | rth End C | afe | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| | | | | | |
| INFORMATION OPTIONS RELATI 2a. SEARCH RESPONSE | NG TO UCC FILINGS & OTHER NOTICES ON | FILE IN FILING | DFFICE THAT INCLUDE AS A DEBTO | R NAME THE NAME IDENT | FIED IN ITEM 1: |
| | SPONSE WITHOUT COPIES — Filin | a office tecupate | od to freedole a security assess that | | |
| reported records. | | A ouice ladneste | io io iumasti a search report listing a | ii reported records, but to t | urnish NO COPIES of |
| 2b. COPY REQUEST | CERTIFIED (Optional) | | | · · · · · · · · · · · · · · · · · · · | - |
| INFORMATION REQUEST RE | SPONSE WITH FULL COPIES File | ing office reques | ted to furnish a search report listing | all financing statements as | nd related records showin |
| and and and or ming and harrie and acc | dress of each decorate Party Harried Werein | i, and also tumis | n an exact COPY of ALL reported re | ecords (including all attach | nents). |
| c. SPECIFIED COPIES ONLY | CERTIFIED (Optional) | | | | |
| Record Number | Date Record Filed (if required) | Туре | of Record and Additional Identi | fying Information (if rec | luired) |
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| ADDITIONAL SERVICES | | | | | |
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| ELIVERY INSTRUCTIONS (reque | est will be filled by mail sent to address show | wn in item B unle | ess otherwise instructed here). | | |
| 4a. 📝 Pick Up | , | ar ur ne | nanoted hale). | | |
| b. Other | | | | | |
| Specify desired method here (if avail | lable from this office); provide delivery informati | ion (e.g., delivery | service's name, addressee's account# | with delivery service, address | see's phonest etc.) |