



\* U C C 1 1 \*

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] James O'Leary (401) 828-7282	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)  James A. O'Leary, Esq. 9 Mark Fore Drive West Warwick, RI 02893	

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 Marshall	FIRST NAME John	MIDDLE NAME L	SUFFIX III

2. INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:

2a. SEARCH RESPONSE  CERTIFIED (Optional)  
 Select One of the Following:  
 ALL (Check this box to request a response that is complete, including filings that have lapsed.)  
 UNLAPSED

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2b. COPY REQUEST  CERTIFIED (Optional)  
 Select One of the Following:  
 ALL  
 UNLAPSED

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2c. SPECIFIED COPIES ONLY  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 filled by mail sent to 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.)