



* 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 Fieldstone Preservation Associates Limited Partnership | | | |
| OR 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

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

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

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---|
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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.)