## INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| A. NAME & PHONE OF CONTACT [Optional] | FILING OFFICE ACCT# |
|---|---|
| Debra Biddiscombe (401) 454-8700 | |

B. RETURN TO:    [Name and Address]

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   MacAdams Wieck DeLuca & Gemma Inc.
   101 Dyer Street, Suite 400
   Providence, Rhode Island  02903


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**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do no abbreviate or combine names

OR

| 1a. ORGANIZATION'S NAME |
|---|
| SANDY MEADOW, LLC |

| 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

☐ INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report listing all reported records, but to furnish NO COPIES of reported records.

2b. COPY REQUEST                    ☑ CERTIFIED (Optional)

☑ INFORMATION REQUEST RESPONSE WITH FULL COPIES -- Filing office requested to furnish a search report listing all financing statements and related records showing date and time of filing and name and address of each Secured Party named therein, and also furnish an exact COPY of ALL reported records (including all attachments).

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.)

FILING OFFICE COPY— RHODE ISLAND INFORMATION REQUEST (FORM UCC11) (REV. 04/10/06)