INFORMATION DEC					
INFORMATION REQ FOLLOW INSTRUCTIONS (from					
A. NAME & PHONE OF CONTACT [Opti		1007	1		
CJ_(732 2490)		ACC1#			
B. RETURN TO: [Name and Address]					
ParaSearch			l		
		•			
		Į.			
			THE ABOVE SPA	ACE IS FOR FILING OFF	ICE USE ONLY
DEBTOR NAME to be searched - insi Ta. ORGANIZATION'S NAME	ert only one debtor name (1a or 1b) - do r	o abbreviate or	combine names		
C.B. Equipment I. L.C	3		<u> </u>		
1b. INDIVIDUAL'S LAST NAME		FIRST NAME			
		FIRSTIVAME		MIDDLE NAME	SUFFIX
INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON I		FILE IN FILING (OFFICE THAT INCLUDE AS A DE	ERTOR NAME THE ALANE IS TO THE	
✓ INFORMATION REQUEST RES reported records.	PONSE WITHOUT COPIES Filing	office requeste	d to furnish a search report list	ting all reported records, but to fu	rnish NO COPIES of
2b. COPY REQUEST	CERTIFIED (Optional)				
☐ INFORMATION REQUEST RES	PONSE WITH FULL CODIES				
INFORMATION REQUEST RESIdate and time of filing and name and addre	ess of each Secured Party named therein,	ng office request and also furnish	ed to fumish a search report II I an exact COPY of ALL report	sting all financing statements and ted records (including all attachm	d related records showing ents).
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)				,
Record Number					
Record Number	Date Record Filed (if required)	Туре с	f Record and Additional lo	lentifying Information (if requ	ired)
Record Number		Туре с	f Record and Additional lo	lentifying Information (if requ	ired)
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ADDITIONAL SERVICES	Date Record Filed (if required)			entifying Information (if requ	ired)
ADDITIONAL SERVICES DELIVERY INSTRUCTIONS (request to	Date Record Filed (if required)			dentifying Information (if requ	ired)
ADDITIONAL SERVICES DELIVERY INSTRUCTIONS (request volume to the control of the	Date Record Filed (if required)			entifying Information (if requ	nired)