UNIFORM COMMERCIAL CODE REQUEST FOR INFORMATION OR COPIES

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C.	MAILING ADDRESS	1	1D. CITY,STATE/TERRITORY		1E. ZIP CODE	
F.	DATE		Signature o	f Requesting Party		
CEI	RTIFICATE:					
	FILE NUMBER	DATE AND HOUR OF F	ILING ***	NAME(S) AND ADDRESS AND ASSIGNEE(S),	(ES) OF SECURED PARTY(IES)	
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