INFORMATION REQUEST Accessible Version Available

UNIFORM COMMERCIAL CODE. Use ink Print or type Attach additional 8.1/2 x 11 sheets if necessary

FILING	PARTY (CONFIRMATION WILL BE SE	ENT TO THIS ADDRESS):	EE	EC	
NAME:	NAME:		FEES		
ADDRES	ADDRESS:		REQUEST FOR INFORMATION: No Fee		
CITY:	ITY:		CERTIFIED COPY:\$55.00		
STATE:	TATE: ZIP CODE:		PLAIN CO	PLAIN COPY: \$40.00	
EMAIL:			MAKE CHECKS PAYABLE TO		
TELEPHONE NUMBER:			"SECRETARY OF THE STATE"		
•	OR (Complete A or B, not both):				
1A. INDIVIDUAL (Full legal name):					
SI	SURNAME				
F	IRST PERSONAL NAME	MID	MIDDLE SUFFIX		
1B. ORGANIZATION					
OF	RGANIZATION NAME				
2. INFOR	RMATION OPTIONS				
2A. REQUEST FOR INFORMATION (\$50 FEE)					
		(**** ==/			
2B.	SPECIFIC COPIES ONLY	CERTIFIED (\$55.00 PER COPY) PLAIN COPIES	(\$40.00 PER COPY)	
	FILING NUMBER	FII	NG NUMBER		
		<u>.</u>			
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NAME ON CREDIT CARD:		
CREDIT CARD #:		
EXPIRATION DATE (MONTH/YEAR):		
SECURITY CODE:		
ZIP CODE (Must match credit card billing address):		
SIGNATURE		

Page 1 of 1 UCC-F-02 (MAY 2024)

CONNECTICUT UCC INFORMATION REQUEST FORM

INSTRUCTIONS

Please type or print this form. Be sure it is completely legible. Read all Instructions. Follow Instructions completely. Do not insert anything in the open space in the upper portion of this form. It is reserved for filling office use.

1. Debtor name:

Enter only one Debtor name, EITHER an individual debtor's name in 1A, or an organization's name in 1B, not both.

Enter Debtor's exact full legal name. Do not abbreviate.

Do not use Debtor's trade name, DBA, AKA, FKA, Division name etc. in place of or combined with Debtor's legal name.

- 1A. Individual Debtor. "Individual" means a natural person.
- 1B. **Organization Debtor**. "Organization" means an entity having a legal identity separate from its owner.

2. Information Request Type

- 2A. Check the box in item 2A; if you are requesting a search of all active records, including lapsed filings.
- 2B. Complete item 2B if you are ordering copies of specific records by record number.

MAILING ADDRESS:

OFFICE OF THE SECRETARY OF THE STATE BUSINESS SERVICES DIVISION P.O. BOX 150470 HARTFORD, CT 06115-0470

DELIVERY ADDRESS:

CONNECTICUT SECRETARY OF THE STATE BUSINESS SERVICES DIVISION 165 CAPITOL AVE HARTFORD, CT 06106

PHONE: 860-509-6002 WEBSITE: business.ct.gov

INSTRUCTIONS UCC-F-02 (MAY 2024)