[redacted]

DELAWARE COUNTY IOWA
FILED
2003 JA -9 AM 11:27
BOOK 3006 PAGE 140
DEBORAH L PEYTON
DELAWARE CO RECORDER
5.00

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
JoEllen Russell (ext. 19)	

B. RETURN TO: (Name and Address)

ENV.

Phone: 800/383-5050
Search Network, Ltd.
2 Corporate Pl, Ste 210
1501 42nd St
West Des Moines, IA 50266

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

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HOEFER	DAVID	A	

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. **SEARCH RESPONSE** ☐ CERTIFIED (Optional)
Select one of the following two options: ☐ 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 two options: ☐ ALL ☐ UNLAPSED

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
NONE		

3. ADDITIONAL SERVICES:

PLEASE INCLUDE ANY AND ALL FIXTURE FILINGS

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the 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 (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)