			Document 20	05 R9	
	i k		Book 2005 Page Date 2/04/200 Rec Amt \$5.00	e R9 Type 95 Time 2:	17 04 Pages 45 PM
ORMATION REQUEST OW INSTRUCTIONS (front and back) CAR AME & PHONE OF CONTACT (optional)		FILING OFFICE ACCT#	MICHELLE "MICK MADISON IOWA	(I" UTSLER,	COUNTY RECO
David Lones (ext. ETURN TO: (Name and Address)	. 5551)				
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Phone: 800/383-5050					
Search Network, Ltd. 2 Corporate PI, Ste 210				GONG UTER_X	_
1501 42nd St				COMPARED	
West Des Moines, IA 5026	i6 ·				
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EBTOR NAME to be searched - insert only	one debtor name	e (1a or 1b) - do not abbreviate or		STORTICING OFFIC	DE USE ONE!
a. ORGANIZATION'S NAME WOODMARC CORPORA"	TION				
b, INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	DDLE NAME	· SUFFIX
FORMATION OPTIONS relating to UCC. SEARCH RESPONSE CERTIFIED Select one of the following two options: COPY REQUEST CERTIFIED Select one of the following two options: SPECIFIED COPIES ONLY	(Optional) ALL (Ch	eck this box to request a resp	office that include as a Debtor r		
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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.)