



OFFICE OF THE SECRETARY OF STATE
STATE CAPITOL NORTH ANNEX
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REQUEST FOR COPIES OF UCC FILING (records filed prior to June 30,1998)

Date:

Company:

Person Placing Order:

Mailing Address:

Phone Number:

FAX Number:

Please do not request copies for more than one file number per form

File Number:

Debtor Name:

Identify and enter the microfilm number for the records you are requesting:

Financing Statement

Amendment

Amendment

Amendment

Assignment

Assignment

Partial Release

Partial Release

Continuation

Continuation

Termination

Do you want these copies certified?

Yes

No

Hold copies for pickup Fax Copies

Mail Copies

Special Instructions:

Please verify that all information is accurate. Requests that contain errors will be returned for correction or clarification. Payment must be received prior to your request being filled. If you have not already made arrangement for payment of your request, our office will contact you to advise you of the total cost of your request and to make arrangements for payment.

SUBMIT