

Delaware Intercorp, Inc. UCC Services and Pricing

SEARCHES (PER NAME):

\$75.00*

Search results include all presently effective financing statements, federal tax liens or utility security instruments filed with the Office of the Secretary of State of the State of Delaware. Please note that these results will not include any filings made within the respective county office, i.e., Recorder of Deeds. Delaware Intercorp will conduct the UCC Search utilizing the information provided by you on the Search/Copy Request Form. Given strict rules governing UCC Searches, Delaware Intercorp will perform the searches with only the information as it is entered onto the Search/Copy Request Form and will not interpret information contained therein.

*This Search Fee is an all-inclusive fee which includes both (i) State and Delaware Intercorp Service Fees, and (ii) transmission of results via electronic mail. Additional charges apply for alternate transmittal methods. Please contact a representative for exact pricing for alternate transmittal methods and/or multiple search name discounts.

UCC COPIES:

\$60.00*

*This fee is a minimum fee. Actual fees vary and are determined by the State Fees charged. Delaware Intercorp will charge a flat service fee of \$25 added to those fees charged by the State. Since the State Fees will vary depending upon, among other things, the actual copies ordered and the number of total pages, we cannot offer a flat fee for UCC Copies. However, should you like one of our UCC Team Members to calculate the true cost of a UCC Copy order in advance of purchase, please give us a call and we will be happy to do so. Please remember all of our fees include transmission of results via electronic mail. Additional charges apply for alternate transmittal methods.

All Search Requests and Requests for Copies of Financing Statements will be completed within 24 hours of receipt of your request by Delaware Intercorp*

*Excludes weekends, holidays and any special circumstances.

To proceed and order a search, please complete the attached form and return as soon as possible.

Delaware Intercorp, Inc.

Search Request (only choose either Debtor or Secured Party search)

| | |
|---|--|
| Type of Search (must choose one): | Type of Entity to be Searched (must choose one): |
| <input type="checkbox"/> Debtor | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Secured Party | <input type="checkbox"/> Individual |
| Name to be searched (if an individual, please provide last name, first name, middle initial): _____ | |
| Is the name being searched for a corporate entity or individual who is acting in a Representative Capacity, i.e. trustee? | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | |
| If Yes, please describe Representative Capacity, i.e., trustee: _____ | |

Copy Request

| |
|--|
| <input type="checkbox"/> Copies of All Financing Statements of record (must provide name and capacity): Name: _____ Capacity (must choose one): <input type="checkbox"/> Debtor <input type="checkbox"/> Secured Party |
| <input type="checkbox"/> Copies of specific Financing Statements of record (please complete below) |
| <input type="checkbox"/> UCC-1's (please list) UCC-1 Filing Number: _____ UCC-1 Filing Number: _____ UCC-1 Filing Number: _____ |
| <input type="checkbox"/> UCC-3 Amendments (must also provide filing number of UCC-1 to which UCC-3 relates) UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____ UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____ UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____ |
| For additional space, please attach 8.5 x 11 sheet. |

Client Information

| | | |
|------------------|---------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
| Firm Name: | | |
| Mailing address: | | |
| City: | State: | Zip: |
| Country: | Phone number: | Fax number: |
| Email address: | | |

Shipping Method

| |
|---|
| <input type="checkbox"/> Email (no additional charges) |
| <input type="checkbox"/> Alternate Transmittal (additional charges apply) |
| <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS 2 nd Day Air <input type="checkbox"/> UPS Overnight <input type="checkbox"/> Facsimile <input type="checkbox"/> U.S. Mail |
| Shipping address (If different from address above): |
| Street _____ |
| City/State/Zip/Country _____ |
| Phone No. _____ Fax No. _____ |

Payment Information

| | |
|--|---------------------|
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Wire Transfer | |
| Card Number: _____ | CVV/CVC Code: _____ |
| Expiration Date on Card: _____ | |
| Name on Card: _____ | |
| Billing address (If different from Client Information address provided above): | |
| Street _____ | |
| City/State/Zip/Country _____ | |

Signature

X _____
(By signing, I hereby acknowledge that the above information is correct.)