INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY		STATE OF A LACE. * LAKÉ COUNTY FILED FOR RECORD	
. NAME & PHONE OF CONTACT [optional]	2005 000003	2005 JAN -4 8	111: 25
RETURN TO: (Name and Address) Meridi an Titi THO E. Lincoln Scheverville, In	te Corporation Thighway 1 46375	MICHAE! A BI	ROWN L
	THE AB	OVE SPACE IS FOR FILING OFFI	CEUSEONLY
19. ORGANIZATION'S NAME		<u> </u>	
16. NOVIDUAL'S LAST NAME Cru-Z	FIRST NAME	MIDDLE NAME	SUFFIX
Record Number	CERTIFIED (Optional) Date Record Filed (If required) Type of Record and	Additional identifying informati	on (if required)
	Nothing	on file	
	Nothung	on file	
ADDITIONAL SERVICES:	Nothing	in file	
ADDITIONAL SERVICES:	Nothing	on file	
ADDITIONAL SERVICES:	Nothing	on file	