DePLOYERY INSTRUCTIONS (Name and Address) DePLOYERY INSTRUCTIONS (Name) DePLOYERS 219-987-4141 240 DePLOYERS Bank Caroline DeVries P.O. Box 400 DeMotte, IN 46310 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR NAME to be exercised - insert only gas debtor name (1s or 1t) - do not abbreviate or combine names MICHAEL SPACE IS FOR FILING OFFICE USE ONLY MICHAEL SPACE IS FOR	等的现在分词的基本中的特别的	D Tanga			
SECUVERY INSTRUCTIONS (pages and base) CAREFULLY LORIANGE A PACKE OF CONTACT (pageness) DeNote State Bank Caroline DeVises 219-997-4141 DeBOTE State Bank Caroline DeVises P.O. Box 400 DeMote, In 46910 THE ABOVE SPACE IS FOR PILLING OFFICE USE ONLY DEBOTOR NAME (a be searched - insent only one debtor name (to or 10) - do not abstration or own on the management of the control	The second secon				
SECUVERY INSTRUCTIONS (pages and base) CAREFULLY LORIANGE A PACKE OF CONTACT (pageness) DeNote State Bank Caroline DeVises 219-997-4141 DeBOTE State Bank Caroline DeVises P.O. Box 400 DeMote, In 46910 THE ABOVE SPACE IS FOR PILLING OFFICE USE ONLY DEBOTOR NAME (a be searched - insent only one debtor name (to or 10) - do not abstration or own on the management of the control				STATE WE HELD	A
DELIVERY INSTRUCTIONS (sepects will be completed and maked to the address shown in them B unless otherwise instructed News) Description D				EILED FOR	10P:
DeMotte State Bank Caroline DeVries P.O. Box 400 DeMotte, IN 46310 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insert only any debtor name (it or 1t): -do not abbreviate or combine names STREAMMAINTAINS NAME		CAREFULLY			
DEKOLLE State Bank Carolline DeVries P.O. Box 400 DeNotte, IN 46310 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE	ADNAME & PHONE OF CONTACT [optional]	7-4-14-1 236 EILLIGOFFICE AGOST	10 0 0 9	2005 JAN - 6 AM	9:08
DELOVERY INSTRUCTIONS (request will be completed and mailed to the address shown in liem 8 unless otherwise instructed here): **AGC Pick Up **DELOVERY INSTRUCTIONS** (request will be completed and mailed to the address shown in liem 8 unless otherwise instructed here): **AGC Pick Up **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **INTERIOR OFFICE USE ONLY **JODY **THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY **JODY **JO	BORETURN TO: (Name and Address)	7-4141		MUCHAL COO	NAM
DeMotte State Bank Caroline DeVrices P.O. Box 400 DeMotte, IN 46310 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DIDEBTOR NAME to be searched - Insert only gaz debior name. (1s or 1s) - do not abbreviate or combine names [INCORDANIZATION'S INAME] RECORDANIZATION OPTIONS: relating to UCC filings and other notices or file in the filing office that include as a Debtor name the name identified in liem to 22a/SEARCHERSPONSE CERTIFIED (Optional) Select gas of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed y UNILAP 28 EXCOPY RECURST CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in liem B unless otherwise instructed here): date[] Dick Up .				ReCo Lin	14417
P.O. Box 400 DeMotte, IN 46310 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTERCANDATIONS TRANS RECORD ROMAN CONTROL OF THE COMPLETE OR CONTROL OF THE			1		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS THE ABOVE SPACE IS THE ABOVE SPACE IS THE ABOVE SPACE					
DDEBTOR NAME to be searched - Insert only one debtor name (1s or 1b) - do not abbreviate or combine names ***INDRGANIZATIONS NAME ***IN					
DDEBTOR NAME to be searched - Insert only one debtor name (1s or 1b) - do not abbreviate or combine names ***INDRGANIZATIONS NAME ***IN		•			
SADRIGANIZATIONS NAME			THE ABOVE	SPACE IS FOR FILING OFFI	CE USE ONLY
INDERION		nly one deblor name (1a or 1b) - do not abbre	viate or combine names		
THE RECORD AND THE PROPERTY IN STRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES SUPPLY STRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the completed and mailed to the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES Supplementation of the address shown in item B unless otherwise instructed here):					
UNLAP CRACKED ONSE CRITIFIED (Optional) Selections of the following two options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNLAP 25 Scory REQUEST CERTIFIED (Optional) Selections of the following two options: ALL WUNLAPSED 25 Described Copies Only CERTIFIED (Optional) Selections of the following two options: ALL WUNLAPSED 25 Described Copies Only CERTIFIED (Optional) Selections of the following two options: ALL WUNLAPSED 26 Described Copies Only CERTIFIED (Optional) Type of Record and Additional Identifying Information (if required) Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) DADDITIONAL SERVICES: DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 45 Pick Up		FIRST NA	ME	MIDDLE NAME	SUFFIX
2aDSEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: ALL (Check this box to request a response that is complete, including fillings that have lapsed() UNLAP SED 2eDSPECIFIED COPIES ONLY CERTIFIED (Optional) Select one of the following two options: ALL QUNLAP SED 2eDSPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) ADDITIONAL SERVICES: DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DADDITIONAL SERVICES: DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up	Select one of the following two option	s: ALL X UNLAPSE	D		
DADDITIONAL SERVICES: JOELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4at Pick Up	Record Number	Data Basard Filed (V	1) Type of Depart and Ad	Utional Identifying Informati	on (if required)
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 4aC Pick Up	record (valide)	Date Record Filed (Il require	d) Type of Record and Add	actionar identitying informact	on (in required)
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 4aC Pick Up				,	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up	JADDITIONAL SERVICES:				
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4a[Pick Up			•		
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4a[Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here): 4aC Pick Up					
4aC Pick Up				Jhm 1-	5-05
		e completed and mailed to the address shown	n in item B unless otherwise instru	ted here):	
4bC Olher	4aC Pick Up .				