

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JAN -6 AM 9:08

MICHAEL A BROWN  
RECORDS

ADNAME & PHONE OF CONTACT (optional) **EXT 226** FILING OFFICE ACCT. **2005 000010**  
 Caroline DeVries 219-987-4141

BORRETURN TO: (Name and Address)

DeMotte State Bank  
 Caroline DeVries  
 P.O. Box 400  
 DeMotte, IN 46310

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME  
 TOM'S KLEEN SWEEP, INC.

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3 ADDITIONAL SERVICES:

LESH, T

*John 1-5-05*

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a  Pick Up  
 4b  Other

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.)

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JAN -6 AM 9:08

MICHAEL A BROWN  
RECORDED

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000009  
226 FILING OFFICE ACCOUNT

A0 NAME & PHONE OF CONTACT [optional]  
 Caroline DeVries 219-987-4141

B0 RETURN TO: (Name and Address)

DeMotte State Bank  
 Caroline DeVries  
 P.O. Box 400  
 DeMotte, IN 46310

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR NAME to be searched - Insert only one debtor name: (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME

OR

1b INDIVIDUAL'S LAST NAME: HERR  
 FIRST NAME: JODY  
 MIDDLE NAME:  
 SUFFIX:

20 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

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2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

30 ADDITIONAL SERVICES:

*John 1-5-05*

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JAN -6 AM 9:08

MICHAEL A. BROWN  
REC. CLERK

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000009

A0 NAME & PHONE OF CONTACT (optional)  
Caroline DeVries 219-987-4141

B0 RETURN TO: (Name and Address)  
DeMotte State Bank  
Caroline DeVries  
P.O. Box 400  
DeMotte, IN 46310

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10 DEBTOR NAME to be searched - Insert only one debtor name: (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME			
OR			
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HERR	JODY		

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*John 1-5-05*

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000009

2005 JAN -6 AM 9:08

AGNAME & PHONE OF CONTACT (optional)  
 Caroline DeVries 219-987-4141

EXP. FILING OFFICE ACCT# 226

B RETURN TO: (Name and Address)

DeMotte State Bank  
 Caroline DeVries  
 P.O. Box 400  
 DeMotte, IN 46310

MICHAEL A BROWN  
REC'D

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1a ORGANIZATION'S NAME

OR

1b INDIVIDUAL'S LAST NAME HERR	FIRST NAME JODY	MIDDLE NAME	SUFFIX
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2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

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3 ADDITIONAL SERVICES:

*John 1-5-05*

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Caroline DeVries 219-987-4141

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Select one of the following two options:  ALL  UNLAPSED  
2cSPECIFIED COPIES ONLY  CERTIFIED (Optional)

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30ADDITIONAL SERVICES:

LESH, T

*John 1-5-05*

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