			STALLE	CUMPT 4
-			FILED F	DA RECORL
INFORMATION REQUEST		000022	2005 JAN 1	0 PM 1:47
FOLLOW INSTRUCTIONS (front and back) CAREF A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	7		A BROWN
B. RETURN TO: (Name and Address)		-	Pill.	0 11 11
Gerold L. Stout		1		
Hoeppner Wagner & Evans LL 1000 East 80th Place	P			
Suite 606 South P.O. Box 10627				
Merrillville, IN 46410	_		74.05 to 505 50 to 0.05 to 0.05	T ONLY
DEBTOR NAME to be searched - insert only one Ta. ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbreviate o		PACE IS FOR FILING OFFICE US	EONLY
OR Holiday Auto Sales, Inc. 1b. INDIVIDUAL'S LAST NAME				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
	ptional) ALL (Check this box to request a re			UNLAPSED
Record Number	Date Record Filed (if required)	Type of Record and Addit	tional Identifying Information (if	required)
		Nothing	on file	
				
3. ADDITIONAL SERVICES:				
			Jhn. 1-7.	-05
4a. Pick Up 4b. Other Please mail to the above				