



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000030

2005 JAN 13 PM 12:27

MICHAEL A BROWN  
REGISTRAR

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT#
Kathryn I. Walker (219)881-4808	
B. RETURN TO: (Name and Address)	
Economic Development Corporation 839 Broadway, 2nd Floor North Gary, IN 46402	

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			
Robinson Adult Day Services			
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)
		<i>Nothing on file</i>

3. ADDITIONAL SERVICES:

*mu 1-12-05*

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.)