



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECGR

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] <i>Mary Ann - 662-7100</i>	FILING OFFICE COST # <b>2005 000034</b>
B. RETURN TO: <i>Return to:</i>	
<input type="checkbox"/> The Talon Group One Professional Center 2100 North Main Street Suite 215 <input type="checkbox"/> Crown Point, IN 46307	

2005 JAN 14 PM 12:15  
MICHAEL A BROWN  
RECORDER

**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

OR

1b. INDIVIDUAL'S LAST NAME <b>STEFFEL</b>	FIRST NAME <b>CHARLES</b>	MIDDLE NAME	SUFFIX
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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:

*Shue 1-13-05*

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.)