

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000047

226

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

FILING OFFICE ACCT #

BORETURN 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

LAKE COUNTY
 FILED FOR RECORD
 2005 JAN 20 PM 1:27
 MICHAEL S. BROWN

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 FIRST NAME MIDDLE NAME SUFFIX

VANDEURSEN BARRY

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:

VANDEURSEN, CHERYL

Jhu 1-19-05

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.)