			STATE GOUNTY LAKE COUNTY FILED FOR RECUR	
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY		000077	2005 JAN 2	8 PH 3: 1
A. NAME & PHONE OF CONTACT (optional) Dale W. Wietbrock, CED 219-663-0588	FILING OFFICE ACCT #		MACHINET. Free	7 330MK
Dale W. Wietbrock Lake County FSA Office 928-D South Court Street Crown Point, IN 46307 4848				
L		THE ABOVE S	SPACE IS FOR FILING OFFICE	USE ONLY
. DEBTOR NAME to be searched - insert only one debto 1a. ORGANIZATION'S NAME	r name (1a or 1b) - do not abbrevia	ate or combine names		
John Brown & Son Inc 1b. INDIVIDUAL'S LAST NAME				1
1b. INDIVIDUAL'S LAST NAME	FIRST NAMI	Ē	MIDDLE NAME	SUFFIX
	ED (Optional) te Record Filed (if required)	Type of Record and Addi	tional Identifying Information	(if required)
. ADDITIONAL SERVICES:				
. ADDITIONAL SERVICES,				
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			Thru	1-27-0

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.)

4a. Pick Up 4b. Other

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