NAME & PHONE OF CONTACT [optional]	FILING OFFICE AGET # 0 0 0 8 2	2005 FEB - I	PM 3: 47
Return to Return to The Talon Groome Profession 2100 North M Suite 215	oup onal Center ain Street	MICHASI A RECOR	BROWN III LEH
Crown Point.	THE ABO	OVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a. ORGANIZATION'S NAME	ene debtor name (1a or 1b) - do not abbreviate or combine names		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LICECOLO MUMBEL	Date Beard Cited at 1 1 Town (Day 1	Additional Identification of the Community	n (11 ' "
Record Number 2002 - 322	Date Record Filed (if required) Type of Record and	Additional Identifying Information	on (if required)
	0.7577	Additional Identifying Information	On (if required)
2002-322	0.7577	Additional Identifying Information	n (if required)
ADDITIONAL SERVICES:	0.7577	Additional Identifying Information	on (if required)
ADDITIONAL SERVICES:	9/24/02	Additional Identifying Information	on (if required)