INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFT  A. NAME & PHONE OF CONTACT [optional]  B. RETURNATO: (Name and Address) The Talon Group One Professiona 2100 North Main Suite 215	FILING OFFICE ACCT #	000111	FILED FOR RECUR 2005 FEB -8 AM 10: 31 MICHAEL A STOWN RECORDED
☐ Crown Point, IN	46307	THE ABOVE SPACE	IS FOR FILING OFFICE USE ONLY
DEBTOR NAME to be searched - insert only one of	lebtor name (1a or 1b) - do not abbreviate		
OR 1b. INDIVIDUAL'S LAST NAME	D L.L.C.	M	IDDLE NAME SUFFIX
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2 ADDITIONAL SERVICES.			
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4. DELIVERY INSTRUCTIONS (request will be comple 4a.  Pick Up	eted and mailed to the address shown in	item B unless otherwise instructed here	An 2/7/05
4b. Other			with delivery carries address se's phone # etc.)

NATIONAL INCORNATION DEGLIEST (FORM LICCAL) (REV. 05/09/01)

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12. COPY RECORD STANDARD STANDARD STANDARD SUFFIX.  22. 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:  23. 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.)   ONLAPSI  26. COPY RECUEST   CERTIFIED (Optional) Select one of the following two options:   ALL (UNLAPSED)  27. SPECIFIED COPIES ONLY   CERTIFIED (Optional)	DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviat		ACE IS FOR FILING OFFICE USE ONLY
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