			STATE OF INDIAS	
			LARE COUNT: FILED FOR RECOR	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	OLLY 2005 00	0116	2005 FEB 10 PM 2:	1 3
A. NAME & PHONE OF CONTACT [optional] 219	FILING OFFICE ACCT #		MICHAEL A BROWN REJUMBER	1
Trake county AT	3 stractors			
merrillusille Ir	<i>i</i> E,	_		
merrillusille Ir	110			
L "(e	410	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	NLY
DEBTOR NAME to be searched - insert only one 1a. ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbrevia			
OR Mercantile Natio	nal Bank of	Ind. Trust	No.5271	SUFFIX
TI. INDIVIDUALS EAST NAIME	- INST NAME	•	MIDDLE NAME	SOFFIX
2. INFORMATION OPTIONS relating to UCC fili	_	filing office that include as a De	btor name the name identified in item	n 1:
Select one of the following two options:	ALL (Check this box to request a	response that is complete, inclu	iding filings that have lapsed.)	UNLAPSED
2b. COPY REQUEST CERTIFIED (O	ptional) ALL UNLAPSED			
2c. SPECIFIED COPIES ONLY	TIFIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Additio	nal Identifying Information (if requ	ired)
		1		
		Nothing on	lle	
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3. ADDITIONAL SERVICES:				
			• •	
			Λ	
		,	Jun 2/9/05	
4. DELIVERY INSTRUCTIONS (request will be completed)				
4a. Pick Up	eted and mailed to the address shown in	item B unless otherwise instructed h	nere):	