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INFORMATION REQUEST	20	05	000123	2005 FEB 15 AM 9: 2
FOLLOW INSTRUCTIONS (front and back) CAREFI A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT	Г#		MICHELL PPOWN
B. RETURN TO: (Name and Address)		\dashv		7.7
Talon GROUP 2100 N. Mainl 5TE. 215 CROWN Pt., IN	i 46307			
<u> </u>				CE IS FOR FILING OFFICE USE ONLY
DEBTOR NAME to be searched - insert only one of 1a. ORGANIZATION'S NAME	ebtor name (1a or 1b) - do not abbr	eviate or com	bine names	
OR 16. INDIVIDUAL'S LAST NAME	IFIRST N	AME		MIDDLE NAME SUFFIX
ID. INDIVIDUAL O EAST WAINE	TIKOT W	, 1141 <u>C</u>		INDEE WANTE
Select one of the following two options: 2c. SPECIFIED COPIES ONLY Record Number 9(A) 3052 200/8//	Date Record Filed (if require		of Record and Addition	al Identifying Information (if required)
3. ADDITIONAL SERVICES: Meed copi Theed copi	ey of do	ouat 001	filed or	n Aug. 28, 1996 tement recorded
4. DELEVERY INSTRUCTIONS (request will be completed as Pick Up 4b. Other	ed and mailed to the address show	n in item B ui	oless otherwise instructed he	re):