		,		STATE OF A. TE LAKE COUN:	.
	i			FILED FOR RECOR	
NFORMATION REQUEST		00012	r de	2005 FEB 15 PM 12: 5	52
DLLOW INSTRUCTIONS (Front and back) CAI A. NAME & PHONE OF CONTACT (optional) HOLLY & ITH GOZ-820	FILING	OFFICE ACCT #		MICHAEL / PROWN RECK - EL/	
B. RETURN TO: (Name and Address)					
Indianatit 325 N. Hair	le Netwo	rk.			
Crown Hint L File#3229		30/ 			
. DEBTOR NAME to be searched - Insert only		1b) - do not abbreviate or		SOVE SPACE IS FOR FILING OFFI	SE USE ONLY
18. ORGANIZATIONS NAME	7				
16. INDIVIDUAL'S LAST NAME		FIRST NAME	Mi) · ve ^d	MIDDLE NAME	SUFFIX
2b. COPY REQUEST CERTIFIED Select one of the following two options: 2c. SPECIFIED COPIES ONLY	ALL. CERTIFIED (Optional			,	
Record Number 3001-2807	Date Record F		ype of Record an	d Additional Identifying Informat	lon (If required)
3. ADDITIONAL SERVICES:					
	•				
					(Q)
					B
4. DELIVERY INSTRUCTIONS (request will be o	ompleted and mailed to	the address shown in ite	m B unless otherwise	Instructed here):	
4a. ☐ Pick Up 4b. ☐ Other					
	le from this office); provide	delivery information (e.g., d	elivery service's name,	addressne's account # with delivery service,	iddressee's phone #, etc.)