STATE COULT LAKE COULT FILED FOR RECOR

2005 000142

2005 FEB 22 AMII: 14

MICHAELA PROWN RECCI LER

	ORMATION REQUEST DW INSTRUCTIONS (front and back) CAREF	FULLY						
A. NA	AME & PHONE OF CONTACT AT REQUESTOR I	optional] CLIENT ACC	TANDO					
B. KE	ETURN TO: (Name and Address)	andi a Tra	-	⊣				
Lynne's Lien Searching, Inc. 213 Fulton St. Wabash, IN 44992								
Walash, IN 4992								
			_	╝	E ABOVE SPACE IS FOR	R FILING OFFICE US	SE ONLY	
1. DE	BTOR'S EXACT FULL LEGAL NAME - insert	only one debtor name (1a or	1b) - do not a	_			22 0.112.1	
1a	a. ORGANIZATION'S NAME		· _					
OR 1t	b. INDIVIDUAL'S LAST NAME		FIRST NAME	ŀ	MIDDLE	IAME	SUFFIX	
	Zurawski		Do	miel		W		
2. INF	FORMATION OPTIONS RELATING TO UCC FILING	GS AND OTHER NOTICES (ON FILE IN FIL	ING OFFICE THAT I	NCLUDE AS A DEBTOR NAM	E THE NAME IDENTIFI	ED IN ITEM 1:	
CHECK THIS BOX to request a response that is COMPLETE, including fillings that have lapsed; if you do not check this box, search response may be incomplete. 2a. INFORMATION REQUEST RESPONSE WITH FULL COPIES (CERTIFIED) — Filing office requested to furnish a search report listing all financing statements, related records, and other notices, showing date and time of filing and name and address of each Secured Party named therein, and also furnish an exact CERTIFIED COPY of ALL reported records (including all attachments).								
2b. INFORMATION REQUEST RESPONSE WITHOUT COPIES — Filing office requested to furnish a search report (as described in 2a above) listing all reported records, but to furnish NO COPIES of reported records.								
2c. INFORMATION REQUEST RESPONSE WITH PARTIAL COPIES — Filing office requested to furnish a search report (as described in 2a above) and also to furnish an exact copy of the FIRST PAGE ONLY of all reported records.								
2d. SPECIFIED COPIES ONLY — Filing office requested to furnish an exact copy of each page of the financing statements, related records, and other notices (including all attachments) that are identified below by record number. Certain filing offices require additional identifying information — please complete if required.								
CERTIFIED COPY REQUEST — Filing office requested to furnish CERTIFIED copies per request indicated in this item 2d.								
	Record Number	cord Number Date Record Filed (ii		red) Type of Record and Additional Identifying Information (if re			equired)	
	2001 002400	10-17-	<u> </u>	4CC F	mancing!	Statemen	vt	
		_						
_	ING OFFICE MAY OFFER THE FOLLOWING		-	-				
	LISTING RELATING TO DEBTOR AT S records, and other notices on file in filing office that in							
	LISTING RELATING TO SECURED PART records, and other notices (regardless of Debtor name) or							
4 DE	IVERY INSTRUCTIONS (request will be 6%-2 by	mail sent to address shows	in item Puel-	ace otherwise instruct	ad hara).			
4. DELIVERY INSTRUCTIONS (request will be filled by mail sent to address shown in item B unless otherwise instructed here): 4a. FAX Delivery — Filing office requested to fax results of this Information Request to fax number indicated here: ()								
4b. Pick Up								
4c.	4c. Other Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)							
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Office of the Secretary of State of Texas

FILING OFFICE COPY (1) -- INFORMATION REQUEST (FORM UCC11) (TEXAS) (REV. 05/09/01)

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