			LAKE COUNT FILED FOR REC	in Ne
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY 2005 001	0150	2005 FEB 24 PM	Z: 10
A. NAME & PHONE OF CONTACT [optional]	FILENG OFFICE ACCT #]	MICHAEL A FRO	DMM
B. RETURN TO: Peter Morto:	_		PLUUET	
The Talon Group One Professiona		1		
2100 North Mair				
Suite 215	40007			
Crown Point, IN	46307	THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
DEBTOR NAME to be searched - insert only one Tall ORGANIZATION'S NAME				
OR TO INDIVIDUAL'S LAST NAME	L ESTATE FIRST NAME	COMPANY	MIDDLE NAME	SUFFIX
2. INFORMATION OPTIONS relating to UCC fi				
Select one of the following two options: 2b. COPY REQUEST CERTIFIED (C Select one of the following two options: 2c. SPECIFIED COPIES ONLY CERTIFIED COPIES ONLY Record Number 3. ADDITIONAL SERVICES:	ALL UNLAPSED RTIFIED (Optional)	sponse that is complete, inclu		
A DELIVEDY INCTRICTIONS	slabed and modified to the address of the school of the sc	Dunland the side is a second	The of	73 0%
4. DELIVERY INSTRUCTIONS (request will be comp 4a. Pick Up	oleted and mailed to the address shown in iti	uniess otherwise instructed f	10(0);	
4b. Other Specify desired method here (if available fr	om this office); provide delivery information (e.g.,	delivery service's name, addressee's a	account # with delivery service, addr	essee's phone #, etc.)