	i	STATE OF LAKE CO FILED FOR	UNIX
IFORMATION REQUEST DLLOW INSTRUCTIONS (Front and back) CAR		2005 MAR -2	PM 2:51
NAME & PHONE OF CONTACT [optional] 66	2-7/00 FILING OFFICE ACCT #	MICHAEL A RECKLI	BPOWN
Return to: The Talon Gi One Profess 2100 North I Suite 215	ional Center		
Crown Point	THE ABOVE	E SPACE IS FOR FILING OFFIC	E USE ONLY
12. ORGANIZATIONS NAME	001000		
1b. INDIVIDUAL'S LAST NAME	FRST NAME	MIDDLE NAME	SUFFIX
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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.)