

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 MAR -4 PM 2:36

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000172

MICHELLE A. BROWN
REGISTRAR

A. NAME & PHONE OF CONTACT (optional) <i>662-7100</i>	FILING OFFICE ACCT #
<i>Mary Ann Hoogewegen</i>	
B. RETURN TO (Name and Address)	
Return to: The Talon Group One Professional Center 2100 North Main Street Suite 215	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched: insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <i>Crown Point, IN 46307</i>	OR		
1b. INDIVIDUAL'S LAST NAME <i>Oak Knoll Renaissance Limited Partnership</i>	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

- 2a. SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED
- 2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED
- 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

- 4a. Pick Up
4b. 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.)