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INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back	() CAREFULLY			STATE OF THE STATE
ADNAME & PHONE OF CONTACT [optional]	FILING OFFIC	2005	000174	0005 MAD 7 OH 1
Amy 365-4082 OR Kar BURETURN TO: (Name and Address)	en 365.4864	<u> 20</u> 05	000174	2005 MAR - 7 PM 1:
Γ				MICHATI TEROV
Northwes 9505 Ge	per Chase of t Indiana, Inc. nevieve Drive In, IN 46373			
		_	THE AROVE SPAC	E IS FOR FILING OFFICE USE ONLY
1DEBTOR NAME to be searched - inse	t only <u>one</u> debtor name (1a or 1b) - do	not abbreviate or combin		E IS FOR FILING OFFICE USE ONE
1acorganization's name				
16/1ND/VIDUAL'S LAST NAME	PTON	FIRST NAME DP	PM	MIDOLE NAME SUFFIX
2 INFORMATION OPTIONS relating t	o UCC filings and other notices o	n file in the filing office	that include as a Debte	or name the name identified in item 1:
28 SEARCHRESPONSE CERT	IFIED (Optional)			_
Select one of the following two opti	ons: X ALL (Check this box t	o request a response t	hat is complete, includi	ng filings that have lapsed() UNLAPSED
Select one of the following two opti		NLAPSED		
2ct SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (	if required) Type of	Record and Additions	il Identifying Information (if required)
Trecord (Valliber	Date Necora Fried (	in required) Type of	TCCOTA BITA AGGILOTIA	indentifying information (irredained)
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			MATh.	na Mall
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				)
BUADDITIONAL SERVICES:				
SEADER TORAL GERVICES.				
	•	Th	nru date	: 3-4-05
IDDELIVERY INSTRUCTIONS (request will	I be completed and mailed to the addr	ess shown in item B unle	ss otherwise instructed her	o):
4a ☐ Pick Up		3110		•
4bC Other				
Specify desired method <u>here</u> (if a	vallable from this office); provide delivery is	nformation (e@⊜delivery ser	vice's name, addressee's acc	ount # with delivery service, addressee's phone #, etc@