FORMATION REQUEST LOW INSTRUCTIONS (front and back) OF NAME & PHONE OF CONTACT [optional] Kathryn Walker Gill RETURN TO: (Name and Address) City of Gary Economics (Say Broadway, 2nd Gary, IN 46402	2005 000193 CAREFULLY FILING OFFICE ACCT # Omic Development Corp. F1. North	FILED FOR SECON. 2005 MAR - 9 PM 1:15 MICHAEL PROMIN
<u>L</u>	THE All poly one debtor name (1a or 1b) - do not abbreviate or combine names	BOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. ORGANIZATION'S NAME	my <u>one</u> depoter name (12 or 10) - do not apprevate or combine maines	
Plaza Plus 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFE
Record Number	Date Record Filed (if required) Type of Record ar	and Additional Identifying Information (if required)
ADDITIONAL SERVICES:		

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.)