INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARES A. NAME & PHONE OF CONTACT [optional]  B. RETURN TO: (Name and Address)  Centier Bank 600 E. 84th Ave Merrillville, IN 46410	FULLY FILING OFFICE ACCT #	105 00019 ]	L. (	STATE OF ADMI LAKE COUM FILED FOR REC 205 MAR - 9 PM I MICHAEL A 33700 RECC
Credit		THE ABOVE SBA	CE IS FOR FILING OFFI	CE USE ONI V
DEBTOR NAME to be searched - insert only one     [1a, ORGANIZATION'S NAME]	debtor name (1a or 1b) - do not abbreviate		OL IS FOR FILING OFFI	OE DOE ONL!
Gough, Inc.  1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
	ALL (Check this box to request a reptional) ALL UNLAPSED RTIFIED (Optional)	sponse that is complete, inclu	aing tilings that have laps	ed.) UNLAPSED
Record Number	Date Record Filed (if required)	Type of Record and Addition	al Identifying Informat	Ion (if required)
3. ADDITIONAL SERVICES:				
4. DELIVERY INSTRUCTIONS (request will be completed)	eled and mailed to the address shows in the	am B unless otherwise leater set 2 1-	Jhn 3/8/	95
4a.	eted and mailed to the address shown in ite  n this office); provide delivery information (e.g., c			ddressee's phone #. etc.)