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INFORMATION REQUEST						PILED FOR REGO
FOLLOW INSTRUCTIONS (front and back)	CAREFULLY	200	E 000	1001		
ADNAME & PHONE OF CONTACT [optional]	FILING OF	FFICE ACCT	שטט ק	1501		2005 MAR 10 AM 9:
Amy 365-4082 or Kare BORETURN TO: (Name and Address)	n 365.4864		4			
BURETURN TO: (Name and Address)		٠ _	_			MICHAE A SPOW
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	evieve Drive		1			
\$t. John	, IN 46373		,l			
<u> </u>		_	J THE	AROVE SPAC	FISHOR FILING	OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert of	only one debtor name (1s or 1b)	- do not abbreviate		ABOVE ST AC	E IS FOR TILLING	OTT TOE ONE
1aCDRGANIZATION'S NAME	oboat ma	cinc (Casino	Do oti	eschi C)
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20 NFORMATION OPTIONS relating to 28 DSEARCH RESPONSE CERTIF	UCC tilings and other notice TED (Optional)	e on the in the in	ing office that incl	nge as a Depti	or name the name	identified in Rem 1:
Select one of the following two option		ox to request a re	sponse that is co	mplete, includi	no filinos that hav	e lapsed() UNLAPSED
	(Optional)					
Select one of the following two option	is: X ALL	UNLAPSED				
2c0 SPECIFIED COPIES ONLY	CERTIFIED (Optional)					
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Record Number	Date Record File	d (if required)	Type of Record a	and Additiona	I identifying info	ormation (if required)
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40DELIVERY INSTRUCTIONS (request will b	e completed and mailed to the a	address shown in to	m B unless otherwi	se instructed her	a):	
4ati Pick Up						
4b[Other						
Specify desired method have (if avail	lable from this office); provide delive	ery information (e.D.D.	tolivery service's name	, addressee's acc	ount # with delivery se	nice, addressee's phone #, etc@