

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
B RETURN TO: (Name and Address)	
2005 000223	
A.S.K. Services, Inc. 2200 N. Main St. Crown Point, IN 46307	

STATE OF INDIANA
LARR COUNTY
FILED FOR RECORD
2005 MAR 16 PM 3:28
MICHAEL J. BROWN
REGISTRAR

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				
Super 8 Motel				
OR	1b INDIVIDUAL'S LAST NAME	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	<input type="checkbox"/> CERTIFIED (Optional)
Select one of the following two options: <input type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed) <input type="checkbox"/> UNLAPSED	
2b COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select one of the following two options: <input checked="" type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED	
2c SPECIFIED COPIES ONLY	<input type="checkbox"/> 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	<input type="checkbox"/> Pick Up
4b	<input type="checkbox"/> 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.)