

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A <input type="checkbox"/> NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B <input type="checkbox"/> RETURN TO: (Name and Address)	
<input type="checkbox"/> ASK Services, Inc. 2200 N. Main St. Crown Point, IN 46307	
2005 000224	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 MAR 16 PM 3:29

MICHAEL BROWN  
REC'D

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 <input type="checkbox"/> ORGANIZATION'S NAME			
Pragji Inc.			
OR	1b <input type="checkbox"/> 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  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b  COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c  SPECIFIED COPIES ONLY  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  Pick Up  
 4b  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.)