



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 MAR 17 AM 11:48

MICHAEL A. BROWN
REGISTRAR

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

AGNAME & PHONE OF CONTACT (optional) Caroline DeVries 219-987-4141	FILING OFFICE ACCT # 2009 000225
B RETURN TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DeMotte State Bank Caroline DeVries P.O. Box 400 DeMotte, IN 46310 </div>	

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 LUMP INSURANCE AGENCY, INC				
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 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:

LUMP, THOMAS
LUMP, DONALD

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.)