ORMATION REQUEST OW INSTRUCTIONS (front and back) C	AREFULLY 2005 000 226	FILED FOR REC 2005 MAP 17 PM	25 77 8
Precise Tit	tle, LIC	MICHAEL A FIRC HECLE OLE	WM
De Motte	IN 46310	BOVE SPACE IS FOR FILING OFFIC	E USE ONLY
BIESEN EXCAVAT	FING INC	MIDDLE NAME	SUFF
2b. COPY REQUEST CERTIF Select <u>one</u> of the following two option	CERTIFIED (Optional)	nd Additional Identifying (informati	
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