# INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]
219 - 838 - 1890

FILING OFFICE ACCT #

B. RETURN TO: (Name and Address)

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LYNNE COX, PARALEGAL
1631 FISHER ST.
MUNSTER, IN 46321
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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
DEALER ONLINE AUCTIONS

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) |
|---|---|---|
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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.)