| | | | STALLITURE | HAD |
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| | | | THE TOTAL | 2001. |
| INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE | | <u>0</u> 235 | 2005 MAD 22 PM | 1:53 |
| A. NAME & PHONE OF CONTACT [optional] May 4 662 - 7/ | FILING OFFICE ACCT # | | MOHAEL = 3f | 3C)VVK1 |
| B. RETURN/TO: (Name and Address). Return to: | _ | | 126 | 1.274412 |
| The Talon Gro | oup | | | |
| . : One Profession | nal Center | | | |
| 2100 North M | ain Street | | | |
| Suite 215 | | | | |
| Crown Point, | IN 46307 - | THE ABOVE SPA | CE IS FOR FILING OFFICE | LISE ONLY |
| 1. DEBTOR NAME to be searched - insert only or | | | OE ISTORY IEINS OF FIGE | OUE ONE! |
| 1a. ORGANIZATION NAME | oods Corporal | | , | |
| OR 1b. INDIVIDUAL'S LAST NAME | () FIRST NAME | wn | MIDDLE NAME | SUFFIX |
| | | | | |
| 2. INFORMATION OPTIONS relating to UCC 2a. SEARCH RESPONSE CERTIFIED (| • | filing office that include as a Del | btor name the name identified | d in item 1: |
| Select one of the following two options: | ALL (Check this box to request a | response that is complete, inclu | iding filings that have lapsed. |) UNLAPSED |
| 2b. COPY REQUEST CERTIFIED | | | | |
| Select one of the following two options: 2c. SPECIFIED COPIES ONLY | ALL ONLAPSED (Optional) | | | |
| 20. 31 2011 123 001 123 01421 | ENTITIES (Optional) | | | |
| Record Number | Date Record Filed (If required) | Type of Record and Addition | | |
| 1995-812 | 3/16/95 | Juns To | ods Carpo | ulcen |
| | | I not of | urged | |
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| 3. ADDITIONAL SERVICES: | | | | |
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| 4. DELIVERY INSTRUCTIONS (request will be con | onleted and mailed to the address shown in | item R unless otherwise instructed | harat | |
| 4a. Pick Up | ibioran and mailed to the addless shown if | non o uness crieiwise instructed i | nere). | |
| 4b. Other | | | | |
| Specify desired method here (if available | from this office); provide delivery information (e. | , delivery service's name, addressee's a | account # with delivery service, addre | essee's phone #, etc.) |