	<u> </u>				
				LAKE COUNTS	K!
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 00 238				2005 MAR 23 AM II: 38	
NAME & PHONE OF CONTACT [optional] Kathryn Walker Gill RETURN TO: (Name and Address)				MICHAEL A BEOWN RECORDER	
	City of Gary Econom 839 Broadway, 2nd F Gary, IN 46402	ic Development Corp loor North			
\ <u></u>				E IS FOR FILING OFFICE USI	ONLY
1a.	BTOR NAME to be searched - insert only one ORGANIZATION'S NAME		or combine names		
1b.	Brazen Bean Coffe, Inc	FIRST NAME	-	MIDDLE NAME	SUFFIX
	ORMATION OPTIONS relating to UCC fi SEARCH RESPONSE CERTIFIED (C		ng office that include as a Debt	or name the name identified in	item 1:
	· ·	ALL (Check this box to request a re	sponse that is complete, includ	ng filings that have lapsed.)	UNLAPSED
	COPY REQUEST CERTIFIED (C	<u> </u>			
		ALL UNLAPSED RTIFIED (Optional)			
_					
ſ	Record Number	Date Record Filed (if required)	Type of Record and Addition	al Identifying Information (if r	equired)
ŀ					
ŀ					
İ					
Ţ					
_	DITIONAL OFFICIAL				<u> </u>
D	DITIONAL SERVICES:			JOYAINS ON 1	Cité
_ \D	DITIONAL SERVICES:	<u> </u>		JOYAINS ON +	Cité
J Q	DITIONAL SERVICES:	·		JOHNING ON A	Cite
] 0/2	DITIONAL SERVICES:	<u> </u>		JOYAINS ON A	Cité
] 0	DITIONAL SERVICES:	<u> </u>		JOYAINS ON A	Cile
] 	DITIONAL SERVICES:	·		JOYAINS ON A	Cile
] D/	DITIONAL SERVICES:			JOYAINS ON A	Cile
] DA	DITIONAL SERVICES:			JOYAINS ON A	Cile
] Q/	DITIONAL SERVICES:			JOYAINS ON A	Cile
] DA	DITIONAL SERVICES:			JOYAINS ON A	Cile
J AD	DITIONAL SERVICES:			JOYAINS ON A	Cile
L AD	DITIONAL SERVICES:			JOYAINS ON A	Cilé
L AD	DITIONAL SERVICES:			JOYAINS ON A	Cile
L AD	DITIONAL SERVICES:			Jun date	
	DITIONAL SERVICES:	eleted and mailed to the address shown in ite		Shew date	
	LIVERY INSTRUCTIONS (request will be comp	eleted and mailed to the address shown in ite		Shew date	ř