INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A☐NAME & PHONE OF CONTACT [optional]
Sarah 219-462-2108

FILING OFFICE ACCT #
2005 000274

B☐RETURN TO: (Name and Address)

H&P Sales & Service, Inc
399 E US 30
Valparaiso, IN 46383

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
Keithley Farms 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:

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.)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV 05/09/01)