INFORMATION REQUEST		2	005	000 28		FILEOFO	的的名 H. CUE
FOLLOW INSTRUCTIONS (front and back) CA A. NAME & PHONE OF CONTACT (optional) Chris Fox (219/662-6107)		IG OFFICE ACCT #				ACHA MIC	PEROWN
Chris Fox (file 62005) Chicago Title Insurance Cor 2200 N Main Street Crown Point, Indiana 46307	npany	-		THE ABOVE SPAC			
DEBTOR NAME to be searched - insert only la. ORGANIZATION'S NAME	one debtor name (1a o	r 1b) - do not abbrevial	te or combine i	ames	_		
Deible Sheet Metal Inc.							
1b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE NAME		SUFFIX
2. INFORMATION OPTIONS relating to UC	C filings and other n	otices on file in the	filing office th	at include as a Debt	or name the na	me identified in it	lem 1:
	O (Optional)	otices on me in the	ming office ti	at include as a Debt	or marrie the ma	ine identified in i	
Select one of the following two options:		nis box to request a	response tha	t is complete, includi	ng filings that I	nave lapsed.)	UNLAPSED
2b. COPY REQUEST CERTIFIED Select one of the following two options:	O (Optional)	☐ UNLAPSED					
	CERTIFIED (Optiona	al)	_				
Record Number	Data Bassard	Filed (it as a line)	Turn of D		I I don tife in a I	-formation (f	
Record Number	Date Record	Filed (if required)	Type of Re	cord and Additiona	ii identiiying i	ntormation (if re	quired)
				_			
			_				
3. ADDITIONAL SERVICES:							
				•			
						huf 1/a)5
DELIVERY INSTRUCTIONS (request will be contained by the second of the s	mpleted and mailed to	the address shown in i	tem B unless	otherwise instructed here	a):	7 [
Specify desired method here (if available	from this office); provide	delivery information (e.g.,	delivery service	s name, addressee's acco	ount # with delivery	service, addressee's	phone #, etc.)