				LAK	COUNTY FOR RECORT
NFORMATION REQUEST		2005	000304	12472 att	13 AH 10: 4
OLLOW INSTRUCTIONS (front and back)	CAREFULLY		_		
A. NAME & PHONE OF CONTACT [optional]	FILING OFF	FICE ACCT #	ì	MICI-A	A BROWN
Dixie Schrum / 219-866-4608 B. RETURN TO: (Name and Address)			·	FiL	
		7			
Farm Credit Services of N 201 N Van Rensselaer Str		ı	ĺ		
PO Box 370	cci		[
Rensselaer, IN 47978-0370)		[
1					
			THE ABOVE SE	ACE IS FOR FILING OFFICE	LICE ONLY
. DEBTOR NAME to be searched - insert	only one debtor name (1a or 1b) -	do not abbreviate or		ACE IS FOR FILING OFFICE	USE ONLY
1a. ORGANIZATION'S NAME					
R 1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
Miller		Thomas		R	
INFORMATION OPTIONS relating to	UCC filings and other notices		g office that include as a D	ebtor name the name identifie	d in item 1:
2a. SEARCH RESPONSE CERTIF	FIED (Optional)				
Select one of the following two option	ns: ALL (Check this bo)	x to request a res	ponse that is complete, incl	luding filings that have lapsed.) 🔽 UNLAPSED
2b. COPY REQUEST CERTIF	FIED (Optional)				
Select one of the following two option	ns: ALL /	UNLAPSED			
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)				
Boord Number	Data Basard Filad	///	upo of Dogard and Addition		Of an arrive at
Record Number	Date Record Filed	Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)			
. ADDITIONAL SERVICES:					
. ADDITIONAL SERVICES.					
el. To bushing			Λ		
			Dry	_ 4/18/0X	
DELIVERY INSTRUCTIONS (request will be	e completed and mailed to the ad-	dress shown in its	R unless otherwise instant	hare)	
4a. Pick Up	a completed and mailed to the 200	uress snown in item	i is unless otherwise instructed	nere).	
4b. X Other FAX 219-866-	3741				
Specify desired method here (if avail		. ind			