

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 APR 14 AM 9:33

MICHAEL A. BROWN  
RECORDER

A. NAME & PHONE OF CONTACT (optional) 219-838-1890	FILING OFFICE ACCT.# 2005 000311
B. RETURN TO: (Name and Address) <input type="checkbox"/> LYNNE COX, PARALEGAL 1631 FISHER ST. <input type="checkbox"/> MUNSTER, IN 46321	

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			
OR	1b. INDIVIDUAL'S LAST NAME LUSK	FIRST NAME HAROLD	MIDDLE NAME A.
			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)
		Nothing

3. ADDITIONAL SERVICES:

4-13-05

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 yes (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)