			LIKE	CHURTY CR RECOR
INFORMATION REQUEST			2005 AP	9 PM 3:38
A. NAME & PHONE OF CONTACT [optional]  B. RETURN TO: (Name and Address)	CAREFULLY  219-331- FILING OFFICE DEOF	5000330	MICHAE	DE DEN
Trake county				
merrillufile	Ini	_		
L Merrins	46410	THE ABOVE S	PACE IS FOR FILING OFFICE L	SE ONLY
1. DEBTOR NAME to be searched - insert of	only one debtor name (1a or 1b) - do not abbre		A A DE LOT OR THE LOT OF THE DE	
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME	SUFFIX
Doffin	$\mathcal{D}c$	ngla	·	
2. INFORMATION OPTIONS relating to		ne filing office that include as a	Debtor name the name identified	in item 1:
	FIED (Optional)			<b>—</b>
Select one of the following two option	<del></del>	a response that is complete, in	cluding filings that have lapsed.)	UNLAPSED
2b. COPY REQUEST CERTIF  Select one of the following two option	FIED (Optional) ns: DALL UNLAPSE	n		
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)	<u> </u>		
	_			
Record Number	Date Record Filed (if required	Type of Record and Addit	tional Identifying Information (i	f required)
	·	1. 1. (1)	7.1	
		Morana 0	n file	
			<del>()</del>	
3. ADDITIONAL SERVICES:				
wife's Nath	e martha c	s well.		
			, 1	
		<u>An</u>	mf 18/05	[300
4. DELIVERY INSTRUCTIONS (request will be	completed and mailed to the address shown	in item B unless otherwise instructe	uf (8 os	[300