					STATE	11
					LAKE	H CCURT OR RE CO R
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAR	EELILV					
A. NAME & PHONE OF CONTACT [optional]	9-331- FILING	OFFICE A SET # (3 p0331		2005 AF	9 PM 3:38
B. RETURN TO: (Name and Address)	686)		\dashv		MIČHA",	NWORTH R
Trake County A	rB stract	276			RLC	/
Merrillufile I	,30,					
merrillusille I	11					
L " 4"	5410	_	<u> </u>			
1. DEBTOR NAME to be searched - insert only o	ne debtor name (1a or 1	b) - do not abbreviat		ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
1a. ORGANIZATION'S NAME Sterling Tech	inical S	servic	29	1 Grow	L O	
OR 1b. INDIVIDUAL'S LAST NAME.	11110-11	FIRST NAME		N	IDDLE NAME	SUFFIX
2. INFORMATION OPTIONS relating to UCC	filings and other noti	ces on file in the	iling office that inclu	ude as a Debtor	name the name iden	ntified in item 1:
2a. SEARCH RESPONSE CERTIFIED	Optional)					_
Select one of the following two options: > 2b. COPY REQUEST CERTIFIED		box to request a	response that is con	npiete, includin	g fillings that have lap	sed.) ONLAFSED
	BALL [UNLAPSED				
2c. SPECIFIED COPIES ONLY	RTIFIED (Optional)					
Record Number	Date Record Fi	iled (if required)	Type of Record a	nd Additional	Identifying Informa	tion (if required)
			- (A			
			Nother	ig on	Jelle	
	+			0	()	
2 ADDITIONAL REDVICES:						
3. ADDITIONAL SERVICES:						
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					Mrs.	4/1K/ m
4. DELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the	e address shown in	item 8 unless otherwis	e instructed here)	:	110103
4a Pick Up		2-010	21-69	66 1.	11.00	100
4b. Other Specify desired method here (if available for	om this office); provide de	livery information (e.g.	delivery service's name.	addressee's accou	int # with delivery service,	addressee's phone #, etc.)