					STAFE	E CONFIG
					FILED	FOR RECOR
INFORMATION REQUEST					2005 AP	19 11 3:38
A. NAME & PHONE OF CONTACT (optional) >19-321- [FILING OF FROB ACCT # 010 0 3 3 2						
A. NAME & PHONE OF CONTACT [optional] 219-331- FILING PROBLEMS # 000332  B. RETURN TO: (Name and Address)					MOH	E 1 BROWN
1	,	o cometar	·C -	<del> </del>		1.32
Trake County AB Stractors						
1800 E 23rd AVE,						
merrillufile Ini						
	46	410		ił.		
1 050700					SPACE IS FOR FILING OF	FICE USE ONLY
1. DEBTOR N	IAME to be searched - insert only one ZATION'S NAME	debtor name (1a or 1b) - d	lo not abbrevia	e or combine names		
OR HO	acington P	ropertie	VI 2	Cı		
1b. INDIVIDU	AL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
2 INFORMAT	FION OPTIONS relating to UCC fil	ings and other notices	on file in the	filing office that include as a	Debtor name the name id	entified in item 1:
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.)						
2b. COPY REQUEST CERTIFIED (Optional)  Select <u>one</u> of the following two options: ALL UNLAPSED						
2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)						
Record	Number	Date Record Filed	(if required)	Type of Record and Add	itional Identifying Inform	ation (if required)
_						
3. ADDITION	AL SERVICES:					
					^ /	1
					//	
					No. IL	NI
					Jun 4/1	0 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. Pother Call Rache) (ht 219-33/-686/ when Done						
Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)						