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INFORMATION REQUEST					

STATE OF THU AT LAKE COUNTY FILED FOR RECORD

2005 APR 20 PM 2: 36

2005 000337

Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307	

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	FL			3

	THE ABOVE SPACE IS FOR FILING OFFICE USE ON		
1. [DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbrevi	ate or combine names	
	1a. ORGANIZATION'S NAME		
OR	1b. INDIVIDUAL'S LAST NAME FIRST NAM	E MIDDLE NAME	SUFFIX
2, I	NFORMATION OPTIONS relating to UCC filings and other notices on file in the	filing office that include as a Debtor name the name id	entified in item 1:
	2a. SEARCHRESPONSE CERTIFIED (Optional)		
	Select one of the following two options: ALL (Check this box to request a	response that is complete, including filings that have I	apsed.) YUNLAPSED
2	2b. COPY REQUEST CERTIFIED (Optional)		
	Select one of the following two options: ALL UNLAPSED	1	
2	2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)		_

6-7-02

3. ADDITIONAL SERVICES:

Record Number

2001-2437

4. DELIVERY	STRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):	Ī
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4a. 🔀 Pic	p	
4b. Oth		
	Control and all the Manufacture this affect and deliver information for a deliver region and records account the deliver region address 60's phone that	_