			LAKE COUNT: FILED FOR RECUIR
INFORMATION REQUEST	20 05	000342	2005 APR 21 PM 1: 44
A. NAME & PHONE OF CONTACT [optional] B. RETURN TO: (Name and Address) Lambert C. 8585 Brook Marrillville	FILING OFFICE ACCT#	THE ABOVE SPAC	MICHAR EROWN RECURD R
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 16. INDIVIDUAL'S LAST NAME	701 and M	to co In	MIDDLE NAME SUFFIX
2a. SEARCH RESPONSE CERTIFIED (OF Select one of the following two options: 2b. COPY REQUEST CERTIFIED (OF Select one of the following two options: 2c. SPECIFIED COPIES ONLY CERTIFIED COPIES ONLY Record Number 3. ADDITIONAL SERVICES:	ALL (Check this box to request a		ng filings that have lapsed.) UNLAPSED
			4
			y cert Ihra 4 20-05
4. DELIVERY INSTRUCTIONS (request will be comple 4a. Pick Up	ted and mailed to the address shown in	item B unless otherwise instructed here	
4b. Other Specify desired method here (if available from	this office); provide delivery information (e.g.	delivery service's name, addressee's acco	ount # with delivery service, addressee's phone #, etc.)