FORMATION REQUEST LOW INSTRUCTIONS (front and back) CAREFULLY INAME & PHONE OF CONTACT (potional) RETURN TO: (Name and Address) DeMotte State Bank Caroline DeVries P.O. Box 400 DeMotte, IN 46310 DEBTOR NAME to be searched - insert only one debtor name (1s or 1s) - do not abbreviate or combine names 12CDCRANIZATIONS NAME LAKESIDE MARINA, INC. 15CNOMIDUALS LAST NAME NFORMATION OPTIONS relating to UCC (illings and other notices on file in the filling office that include as a Debtor na addiseasch Response Certified (Optional) Selections of the following two options: ALL (Check this box to request a response that is complete, including file biscopy Request Selections of the following two options: ALL WUNLAPSED DESPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Ide DECOPY NUMBER DITIONAL SERVICES: KING, DONALD	ZONS ACTOR	SUFFIX
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