					1.885	Chaire	
	<u> </u>	•			FILED FI	Muhara Maraga	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY Adding & PHONE OF CONTACT (optional) Caroline DeVries 219-987-4141 BORETURN TO: (Name and Addings)					7005 77 5 PM 41 2 1		
					Females - Chronic		
BORETURN TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·				The same	JUT 10	
DeMotte State Bank					7.		
Caroline DeVries							
P.O. Box 400 DeMotte, IN 46310							
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				ABOVE SPACE IS	S FOR FILING OF	FICE USE ONLY	,
DDEBTOR NAME to be searched - insert only 1acorganization's name	y <u>one</u> debtor name (1a or 1	b) - do not abbreviat	e or combine names	9 - 3 1			
TDM FARMS INC.							
16UNDIVIDUAL'S LAST NAME		FIRST NAME		MIC	DLE NAME	SUF	FFIX
INFORMATION OPTIONS relating to UC	CC filings and other notice	ces on file in the f	iling office that inclu	ıde as a Debtorn	ame the name ide	ntified in item 1:	
	D (Optional)		•			1	
Select one of the following two options:	ALL (Check this	box to request a r	esponse that is cor	nplete, including t	ilings that have la	psed0; UNL	APS
_	D (Optional)	7					
Select one of the following two options: 2cDSPECIFIED COPIES ONLY		UNLAPSED					
Zedspecified copies only	CERTIFIED (Optional)						
Record Number	Date Record Fil	ed (if required)	Type of Record a	nd Additional Id	entifying Informa	ation (if required)	
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ADDITIONAL SERVICES:			70				
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ADDITIONAL SERVICES: HOFFMAN, DOUG HOFFMAN, JENNIFER						1800-	
ADDITIONAL SERVICES: HOFFMAN, DOUG	mpleted and mailed to the	address shown in ite		instructed here):		1800-	,

LAKE 4/16/05