

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A DNAME & PHONE OF CONTACT (optional)
Caroline DeVries 219-987-4141
FILING OFFICE ACCT #

B DRETURN TO: (Name and Address)
DeMotte State Bank
Caroline DeVries
P.O. Box 400
DeMotte, IN 46310

2005 000362

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 APR 25 PM 4:30

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DDEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a DORGANIZATION'S NAME
OR
1b DINDIVIDUAL'S LAST NAME O'CONNELL
FIRST NAME LAWRENCE
MIDDLE NAME
SUFFIX

2 DINFORMATION 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 DSEARCH 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) UNLAPSED
2b DCOPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL [X] UNLAPSED
2c DSPECIFIED COPIES ONLY CERTIFIED (Optional)

Table with 3 columns: Record Number, Date Record Filed (if required), Type of Record and Additional Identifying Information (if required). Handwritten note: Nothing on file

3 DADDITIONAL SERVICES:

O'CONNELL, CHRISTINA

1300

4 DDELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a D Pick Up
4b D Other

Specify desired method here (if available from this office); provide delivery information (e.g. Ddelivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)