



LAKE COUNTY  
FILED FOR RECORD

2005 MAY -2 PM 12:26

MICHAEL BROWN  
RECORDER

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADDRESSEE NAME & PHONE OF CONTACT (optional) <b>Amy 365-4082 OR Karen 365-4864</b>	FILING OFFICE ACCT # <b>2005 000387</b>
RETURN TO: (Name and Address)  <b>The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a ORGANIZATION'S NAME <b>NATIONAL SURETY TRUST II, LLC</b>				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION 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 SEARCH 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 COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		Nothing on file

3 ADDITIONAL SERVICES:

Thru date: 4-29-05

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

4a  Pick Up  
 4b  Other

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

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2005 APR 26 PM 3:03

2005 000365

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) Rosemary BONNAR 219-663-2289	FILING OFFICE ACCT #
B0RETURN TO: (Name and Address) Chicago Title Insurance 2200 North Main St. Crown Point, IN 46307	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a ORGANIZATION'S NAME GAINER BANK, National Association, as Trustee eta 1-13-88 Trust No. P6126	OR		
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

20 INFORMATION 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 SEARCH 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 COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

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

30 ADDITIONAL SERVICES:

*John f-25-05*

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

4a  Pick Up  
 4b  Other

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