



SEARCHED  
LAKE COUNTY  
FILED FOR RECORD

2005 000403

2005 MAY -4 PM 3:16

### INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] Dale W. Wietbrock, CED 219-663-0588	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)  Dale W. Wietbrock Lake County FSA Office 928-D South Court Street Crown Point, IN 46307 4848	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

MICHAEL J. BROWN  
REC'D

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			
1b. INDIVIDUAL'S LAST NAME Bruce	FIRST NAME Ronald	MIDDLE NAME Dean	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)
		<i>nothing on file</i>

3. ADDITIONAL SERVICES:

*Shaw 5-3-05*

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.)