				.5	LARECONA
INFORMATION REQUEST	- FILLY	2005	000411		LARE LOUIS LED FOR MCCOR MSY-6 AMID: I
A. NAME & PHONE OF CONTACT [optional]  B. RETURN TO (Name and Address)	P/00 FILING OF	FICE ACCT #		Wir <sup>*</sup>	DEFINE TROWN
· 2100 N. Ma Suite 215	in It.	1			
L. Crown Point	/			CE IS FOR FILING OFF	ICE USE ONLY
1. DEBTOR NAME to be searched - insert only or ta. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S (AST NAME	ne debtor name (1a or 1b) -	FIRST NAME	combine names	MIDDLE NAME	SUFFIX
2b. COPY REQUEST CERTIFIED  Select one of the following two options:	(Optional)  ALL (Check this bo (Optional)		onse that is complete, inclu		_
Record Number	Date Record File	d (if required) Ty	pe of Record and Additio	nal Identifying Informa	ition (if required)
			Abophing on	- file	
3. ADDITIONAL SERVICES:				;	
				•	
4. DELIVERY INSTRUCTIONS (request will be co	mpleted and mailed to the a	address shown in item	B unless otherwise instructed	Thu here):	5/5/05
4a. Pick Up 4b. Other Specify desired method here (if available					addressee's phone #, etc.)