

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

LAKE COUNTY
FILED FOR RECORD

A. NAME & PHONE OF CONTACT [optional] LYNNE LLOYD/CSC 651-488-0100		FILING OFFICE/ACCT # 2005 000415
B. RETURN TO: (Name and Address)		
LYNNE LLOYD/CSC Capitol Lien Records & Research, Inc. 1010 N DALE STREET		05/05/05
ST PAUL		MN 55117-

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

2005 MAY 10 AM 10:06

V. G. W. A. BROWN
RECORDS

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

OR	1a. ORGANIZATION'S NAME SWEET TRADITIONS LLC			
	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 of (if required)
		<i>Nothing on file</i>

3. ADDITIONAL SERVICES:

UCC SEARCH FOR NAME LISTED ABOVE AND PLEASE FAX RESULTS TO 800-845-4080 OR EMAIL TO NATL@CAPITOLLIEN.COM.

THANK YOU

Shu 5-9-05

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 EMAIL TO NATL@CAPITOLLIEN.COM OR FAX TO 800-845-4080

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.)