

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] LYNNE LLOYD/CSC 651-488-0100		FILING OFFICE ACCT # 2005 000416
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

FILED FOR RECORD  
2005 MAY 10 AM 10:06  
MICHAEL A. BROWN  
RECORDS

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

1a. ORGANIZATION'S NAME  
SWEET TRADITIONS OF ILLINOIS LLC

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 of (if required)
		Nothing on file

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

*John 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.)