INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAR A. NAME & PHONE OF CONTACT [optional] Katie Suzelis (330)872-0918 Ext. 32 B. RETURN TO: (Name and Address) Buckeye Retirement Co 100 N Center Street Newton Falls, OH 4444	282 FILING OFFICE ACCT #	FILED FOR VECOMA 7005 MAY 16 AM 10: 56 MICHAEL MOWN ELECTRON
0E950001 (1W05)		E ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	one debtor name (1a or 1b) - do not abbreviate or combine names	
1a. ORGANIZATION'S NAME Department of Planning and Develop	pment	
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
2 INFORMATION OPTIONS	C filings and other notices on file in the filing office that in	clude as a Debter name the name identified in item 4:
2b. COPY REQUEST CERTIFIED Select one of the following two options: 2c. SPECIFIED COPIES ONLY C Record Number	ALL UNLAPSED CERTIFIED (Optional)	d and Additional Identifying Information (if required)

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.)