

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000154

LAKE COUNTY  
FILED FOR RECORD

2005 MAR 20 AM 10:28

MICHAEL J. DOWNS  
CLERK

A. NAME & PHONE OF CONTACT [optional] 219-838-1890 FILING OFFICE ACCT # 7

B. RETURN TO: (Name and Address)

LYNNE COX, PARALEGAL  
1631 FISHER ST.  
MUNSTER, IN 46321

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME RETIREMENT MANAGEMENT INC.

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)  UNLAPSED (INCLUDE TERMINATED & LAPSED WITHIN PAST YEAR)

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)  UNLAPSED (INCLUDE TERMINATED & LAPSED WITHIN PAST YEAR)

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)
		Nothing on file.

3. ADDITIONAL SERVICES:

Shru date 5/19/05

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.)