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		FILE	AC COMA : D FOR EDG. :		
FOLLOW INSTRUCTIONS (Front and back) CAREFOLD 05 000459		9 2005 11/4	2005 NAT 2.0 ANTH 5.1		
ADNAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #				
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9505 Genevie	ve Drive				
St. John, IN	46373	1			
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1DDEBTOR NAME to be searched - insert only one 1sconganizations name					
IMK	Truckstop,]	-i)C.			
OR 16FINDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX	
-20NFORMATION OPTIONS relating to UCC fit	logs and other natices on file in the	filing office that include as a Dobt	or name the name Identifi	ad in item 1:	
20DSEARCH RESPONSE CERTIFIED (C	_	ining cures mes incline as a parti	x figure tre mame porum		
	ALL (Check this box to request a	response that is complete, includ	ng filings that have lapse	do UNLAPSED	
2bDCOPY REQUEST CERTIFIED (O	ptional) ALL UNLAPSED				
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Record Number	Date Record Filed (if required)	Type of Record and Additiona	I Identifying Informatio	n (if required)	
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3UADDITIONAL SERVICES:					
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3UADDITIONAL SERVICES: 4@DELIVERY INSTRUCTIONS (request will be compiled) 4@DELIVERY Pick Up	etad and mailed to the address shown in			25	