

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000460

LAKE COUNTY
FILED FOR RECORD

2005 MAY 23 AM 8:10

MICHAEL BROWN

A. NAME & PHONE OF CONTACT (optional) (663-5160) FILING OFFICE ACCT #

Sandy Peyovich

B. RETURN TO: (Name and Address)

Ticor Title Ins. Co.
11055 Broadway, Suite A
Crown Point, In. 46307

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
Woodshop, 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)
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 (if required)
		nothing on file

3. ADDITIONAL SERVICES:

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.)

Shra date 5/24/05

920053031

TICOR TITLE INSURANCE

\$8.00

Instructions for National Information Request (Form UCC11)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions. Follow Instructions completely. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use. When properly completed, send form parts 1 and 2 (labeled Filing Office Copy (1) and (2)), with required fee, to filing office. Always detach Requestor Copy. Filing office may offer additional information options. Contact filing office or use form specially designed by filing office to obtain additional information options. A. To assist filing officers that might wish to communicate with requestor, requestor may provide information in item A. This item is optional. B. Enter name and address of requestor in item B. This item is NOT optional.

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1. **Debtor name:** Enter only one Debtor name in item 1, an organization's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Don't abbreviate.
 - 1a. **Organization Debtor.** "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
 - 1b. **Individual Debtor.** "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, first given name in First Name box, and all additional given names in Middle Name box.

For both organization and individual Debtors: Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).
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. Please note that it is permissible to select an option in 2a and also check an option in 2b. Check the "CERTIFIED (Optional)" box appropriately in items 2a, 2b, or 2c.
 - 2a. Check appropriate box in item 2a; the box "ALL" if you are requesting a search of all active records, including lapsed filings, or the box "UNLAPSED" if you are requesting a search of only active records that have not lapsed.
 - 2b. Check appropriate box in item 2b to request copies of records appearing on the search response; the box "ALL" if you are requesting copies of all active records, including lapsed filings, or the box "UNLAPSED" if you are requesting copies of only active records that have not lapsed.
 - 2c. Complete item 2c if you are ordering copies of specific records by record number.
3. Some filing offices offer service options in addition to those offered in item 2. These may be shown on the face of this form or may otherwise be publicized by the particular filing office. **Caution:** if any of these additional service options introduces a search criterion (e.g., limiting search to named Debtor at an address in a specified city and state) that narrows the scope of the search, this may result in an incomplete search (that fails to list all filings against the named Debtor) and you may fail to learn information that might be of value to you.
4. **Delivery Instructions:** Unless otherwise instructed, filing office will mail information to the name and address in item B. If information will be picked up from the filing office, check the "Pick Up" box. Contact filing office concerning availability of other delivery options. For other than mail or pick up, check the "Other" box and specify the other delivery method that you are requesting. If requesting delivery service, provide delivery service's name and requestor's account number to bill for delivery charge. Filing office will not deliver by delivery service unless prepaid waybill or account number for billing is provided.

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 LAKE COUNTY
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 AD-AS-2-PROGRAM

MP

Request # 3 of 5

Order No: 925 3031

Search Criteria Request #: 3

Plant Date 03/18/2005

1 Hits

Cnty: LAKE
Fr Date: 01/01/1901
Th Date: 03/18/2005

Match Type: Normal
Filter: N/A
Auto Ref: Y

Company Name: WOODSHOP

1 Ref No:
Case No:
Amount: \$0.00
c 4549072

Inst.Date:
Rec.Date: 04/14/2000
Doc No: 00-1118
Book/Page:

Inst: UCC FINANCIAL STATEMENT
Name: WOODSHOP CX

over

Remarks: SCHILLING BROS LUMBER HARDWARE CX 6430 W
LINCOLN CP

End of Report

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ALCOCK, J. DEONN

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