	•		
INFORMATION REQUEST		Signify on about	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY	LAKÉ COURTY FILED FOR RECORD	
ADNA ME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #		
BURETURN TO: (Name and Address)	<del>- 20</del> 05 0001	<b>464</b>	
T ASK	-	MICHAEL A BROWN	
7SG N Main	The second secon	Fig. 1	
Circum Point			
Clow. to			
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1 DEBTOR NAME to be searched - insert only on	g deblor name (1a or 1b) - do not abbrevio	e or combine names	
CCE Investments	uc		
OR 1 DEINDIVIDUAL'S LAST NAME	FIRST NAMI	MIDDLE NAME SUFF	ΞIX
2DN FORMATION OPTIONS relating to UCC 1	filings and other notices on file in the	filing office that include as a Debtor name the name identified in item 1:	
2a DSEARCH RESPONSE		response that is complete, including filings that have lapsed  UNL	VDC.
Select one of the following two options:  2b DCOPY REQUEST CERTIFIED (		Tesponse that is complete, including mings that have lapsedy	4731
Select one of the following two options:	ALL UNLAPSED		<u> </u>
26 DSPECIFIED COPIES ONLY	ERTIFIED (Optional)	· •	
Record Number,	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)	
05-420	5-10-05 ?	UCC	
		Nothing on file	
	7,	3 .0	
			_
3DADDITIONAL SERVICES:			
Please run a	full UC sea	even to reflect filing	
11			
# 2005-6	1 . OSHOOK	Run Search (104r)	
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on Co	CE Investm	unts,	
		Thy	
		Inx!	
		4	
		Daru date 5/2	9/0
4DDELIVERY INSTRUCTIONS (request will be comp	pleted and mailed to the address shown in	item B unless otherwise instructed here):	_
4at Pick Up ASI	, ,		
4b C Other	> / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Odelivery service's name, addressee's account # with delivery service, addressee's phone #,	-1-00