

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 MAY 24 10:12 57

MICHAEL J. DEYAN
REC'D

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000465

| | |
|---|----------------------|
| A. NAME & PHONE OF CONTACT [optional] Dale W. Wietbrock, CED 219-663-0588 | FILING OFFICE ACCT # |
| B. RETURN TO: (Name and Address) Dale W. Wietbrock Lake County FSA Office 928-D South Court Street Crown Point, IN 46307 4848 | |

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 | | | |
| OR | | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| Jones | Betty | Katherine | |

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) |
|---------------|---------------------------------|---|
| | | <i>nothing on file</i> |
| | | |
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| | | |

3. ADDITIONAL SERVICES:

Thru date 5/23/05

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.)