PILED FOR RECOM 2005 JUN - 3 PM 1: 15 MICHAE A BROWN

2005 000498

INFORMATION REQUEST				
FOLLOW INSTRUCTIONS (front and back) CAREF	ULLY			
A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	7		
B. RETURN TO: (Name and Address)				
ENTERPRISE TITLE		_		
2684 WILLOWCREEK ROAD		1		
PORTAGE, IN 46368				
		_		
			E IS FOR FILING OFFICE US	E ONLY
DEBTOR NAME to be searched - insert only one     la, ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbrevia	ite or combine names		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
NIEMEYER	МІСНІ	ELE	LYNN	
2. INFORMATION OPTIONS relating to UCC fili	ngs and other notices on file in the			item 1:
2. INFORMATION OPTIONS relating to UCC fill 2a. SEARCH RESPONSE CERTIFIED (O	ngs and other notices on file in the ptional)	filing office that include as a Debt	or name the name identified in	
2. INFORMATION OPTIONS relating to UCC fill 2a. SEARCH RESPONSE CERTIFIED (OF Select one of the following two options:	ngs and other notices on file in the ptional) ALL (Check this box to request a	filing office that include as a Debt	or name the name identified in	item 1:
2. INFORMATION OPTIONS relating to UCC fill 2a. SEARCH RESPONSE CERTIFIED (O Select one of the following two options:  2b. COPY REQUEST CERTIFIED (O)	ngs and other notices on file in the ptional)  ALL (Check this box to request a ptional)	filing office that include as a Debt	or name the name identified in	
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3. ADDITIONAL SERVICES:

Inu 6-2-05