LAKE COUNTY
FILED FOR RECORD
2005 JUN - 3 PM 1: 15

2005 000499

INFORMATION REQUEST					
FOLLOW INSTRUCTIONS (front and back) CAREFULA. NAME & PHONE OF CONTACT [optional]	CE ACCT #	_			
A. INAMIE & PHONE OF CONTACT [optional]		CE ACCT #			
B. RETURN TO: (Name and Address)			-1		
ENTERPRISE TITLE		_	7		
2684 WILLOWCREEK ROAD			'		
PORTAGE, IN 46368					
i i			1		
1			1		
l 1			1		
			THE ABOVE SPACE	CE IS FOR FILING OFFICE	E USE ONLY
DEBTOR NAME to be searched - insert only one of ORGANIZATION'S NAME	debtor name (1a or 1b) - do	not abbreviat	e or combine names		
Ta. ONGANIZATION O NAME					
OR 1b. INDIVIDUAL'S LAST NAME				MIDDLE NAME	SUFFIX
NIEMEYER			L D	ADOLPH	
2. INFORMATION OPTIONS relating to UCC filing		n file in the f	iling office that include as a Deb	tor name the name identifi	ed in item 1:
2a. SEARCH RESPONSE CERTIFIED (Op					
Select one of the following two options: 2b. COPY REQUEST CERTIFIED (Op		to request a	response that is complete, include	ling tilings that have lapsed	1.) UNLAPSED
	· · —	NLAPSED			
	TIFIED (Optional)				
Record Number	Date Record Filed (if required)	Type of Record and Addition	al Identifying Information	n (if required)
			Motheria		
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3. ADDITIONAL SERVICES:

Jan 6-2-05