INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE A. NAME & PHONE OF CONTACT [optional] 219-838-18-9	FILING O	2005	5 0 000)540	2005	LARE CLUMB ED FOR RECORD JUN 13 AM 9: 0
B. RETURN TO: (Name and Address) Cynre Co 1631 FISHER MUNSTER, 3	X PARACE	ZAL -		CHE ADOLES CO.		MAN SECOND
DEBTOR NAME to be searched - insert only one Is. ORGANIZATION'S NAME	,	- do not abbrevia	te or combine nan	nes	CE IS FOR FILING O	FFICE USE ONLY
OR 16. INDIVIDUAL'S LAST NAME	ESA	PROPER		LLC		
7B. INDIVIDUAL'S LAST NAME		FIRST NAME	=		MIDDLE NAME	SUFFIX
	Optional) ALL (Check this be					
Record Number	Date Record File	d (if required)	Type of Reco	ord and Addition	al Identifying Inform	nation (if required)
	ļ					
3. ADDITIONAL SERVICES:						
				•		
				Sh	uc 4-10-	05