• .							
				5 (3)			
FORMATION REQUEST 2005 000544				FILED FOR FLUGRA 2005 JULY 13 AM 10: 56			
			1. 1.				
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFU		0003	rt ri				
A. NAME & PHONE OF CONTACT (optional) HOLLY ETT (062-8200	FILING OFFI	CE ACCT #	7	N 2. H	EROWN'		
3. RETURN TO: (Name and Address)			-				
Indiana Tit 325 N. Main Crown Point,	le Netwo	rK					
325 N. Main	St.		1				
Crown Moint,	12 4 ACO) /					
L' FI	e# 25333	35_	THE AP	OVE SPACE IS	FOR FILING OFFICE	USE ONLY	
DEBTOR NAME to be searched - insert only one do	ebtor name (1a or 1b) - d	o not abbreviate					
		JEID CONTINUE		- Lung		lai wasa	
16. INDIVIDUAL'S LAST NAME CEYNA		FIRST NAME	ELIO	MIDD	LE NAME	SUFFIX	
INFORMATION OPTIONS relating to UCC filing				e as a Deblor na	me the name identifie	d in Ilem 1:	
2a. SEARCH RESPONSE CERTIFIED (Optional Selections of the following two options:	•	to leasunes at	penonea Ilial le comr	dala including fil	inde that have tansed) TUNLAPSEL	
2b. COPY REQUEST CERTIFIED (Opt		10 10 10 10 10 10 10 10 10 10 10 10 10 1	ospondo mario comp	roto, metading th	tings that have tapsed.	, [] ONEN OCC	
	4	INLAPSED			'		
20. SPECIFIED COPIES ONLY CERT	IFIED (Optional)						
Record Number Date Record Filed (If required) Ty				ntifying information	(if roquired)		
2004-752	10-10-0	24	000	·			
ADDITIONAL SERVICES:							
					•		
· ·							
, DELIVERY INSTRUCTIONS (request will be comple	ted and mailed to the ad-	dress shown in	iem B unless otherwise	Instructed here):			
i. DELIVERY INSTRUCTIONS (request will be comple	ted and mailed to the ad-	dress shown in	ilem B unless otherwise	instructed here):			
4. DELIVERY INSTRUCTIONS (request will be comple 4a. Pick Up 4b. Other Specify desired method here (# svailable from					V. 4th dalamay and a addition	occasi phone # ale)	