	,			*	
INFORMATION REQUEST	EAKÉ COURT				
FOLLOW INSTRUCTIONS (front and back) CARE	FILED FOR RECORL				
A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	1	. 11251 + C	*M 0. 50	
B. RETURN TO: (Name and Address)		2005-JEN 16 AM 9:20			
LYNNE GX, PAMAREAN		WIGHVE A PPOVE			
1631 hsto	2				
L MUNSTERS	和4634 _	THE ABOVE SP.	ACE IS FOR FIL	UNG OFFICE/OS	E ONLY
DEBTOR NAME to be searched - insert only one     1s. ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbreviate or	combine names		12	
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
TER	PSTRA	FRED	WIDDEL TO ATTE		SOFFIX
2. INFORMATION OPTIONS relating to UCC fi		g office that include as a De	btor name the n	ame identified in	item 1:
2a. SEARCH RESPONSE		ponse that is complete, incli	udina filinas the	have lensed 5	T UNLAPSED
2b. COPY REQUEST CERTIFIED (C	optional)				my.
Select one of the following two options:  2c. SPECIFIED COPIES ONLY  CEI	ALL UNLAPSED  RTIFIED (Optional)		· · · · · · · · · · · · · · · · · · ·		U-K
	u			<u> </u>	<b>3</b> 21
Record Number	Date Record Filed (if required)	ype of Record and Additio	nal Identifying	Information (#	equired)
			1. 4		(
	/	Wothing on	Jile	Z N	
<del> </del>	<u> </u>		0		
3. ADDITIONAL SERVICES:					
					,
			$\sim 0$		
	<u> </u>			6-15-	-05
4. DELIVERY INSTRUCTIONS (request will be comp	oleted and mailed to the address shown in item	m B unless otherwise instructed		6-15-	-05
4. DELIVERY INSTRUCTIONS (request will be come 4s. Delivery Other	oleted and meiled to the address shown in item	m B unless otherwise instructed		6-15-	-05