

STATE OF ILL.  
LAKE COUNTY  
FILED FOR RECORD

2005 JUN 27 PM 1:13

MICHAEL A. BROWN  
RECORDER

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000581

A. NAME & PHONE OF CONTACT (optional) *pk#*  
*Mary Ann 662-7100*

B. RETURN TO: (Name and Address)

Return to:  
The Talon Group  
One Professional Center  
2100 North Main Street  
Suite 215  
Crown Point, IN 46307

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME *De Vries* FIRST NAME *Jeffrey* MIDDLE NAME SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE  CERTIFIED (Optional)  
Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed.)  UNLAPSED

2b. COPY REQUEST  CERTIFIED (Optional)  
Select one of the following two options:  ALL  UNLAPSED

2c. SPECIFIED COPIES ONLY  CERTIFIED (Optional)

*Release of 2002-9 - if released.*

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
<i>2002-9</i>	<i>6-6-02</i>	<i>Check for release If released please provide copy.</i>

3. ADDITIONAL SERVICES:

*John 6-24-05*

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a.  Pick Up  
4b.  Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (1)

NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)

REORDER FROM  
Registré, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN 55301