FORMATION REQUES			LAKE COUN FILED FOR RE 2005 JUL - I AM	CUr
LOW INSTRUCTIONS (front and be NAME & PHONE OF CONTACT (option		<del>35</del> 94		
Mendian 7  746 E. Li Scherci VI	NCOLN HWY NEOLN HWY 16, IN 46325		M. SARFE A. P.	
	sert only one debtor name (1s or 1b) - do not abbreviat		PACE IS FOR FILING OFFI	CE USE ONLY
13. ORGANIZATION'S NAME White CCO 16. INDIVIDUAL'S LAST NAME	Industries		MIDDLE NAME	SUFFI
Record Number	Date Record Filled ( If required)	Type of Record and Addition	onal Identifying Informati	On (If required)
Record Number	Date Record Filed (Hrequired)	Mothing on	2-1	on (ffrequired)
	Date Record Filed (Hrequired)		2-1	on (ffrequired)
DDITIONAL SERVICES:	Date Record Filed (Hrequired)		2-1	on (frequired)
DDITIONAL SERVICES:	Date Record Filed (If required)	Nothing or	Aru 4-30	on (frequired)