		LAKE	Ullaria Ullaria
	0.00	ril ED FOI	NECOR.
NFORMATION REQUEST DLLOW INSTRUCTIONS (front and back) CARE	2005 000608	20 05 JUL - 6	. WH 6: 31
A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT#	Cogan v	SSOWAL
RETURN TO: (Name and Address)			TO TALL DAYON
Stewart Title S of Northwest In The Point 5521 W. Lincol Crown Point, IN	ndiana B		
	THE	ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
DEBTOR NAME to be searched - insert only on	e debtor name (1a or 1b) - do not abbreviate or combine names		
IR 16. INDIVIDUAL'S LAST NAME	RAPHY, INC.	MIDDLE NAME	SUFFIX
Select one of the following two options: 2b. COPY REQUEST CERTIFIED (Select one of the following two options:	ALL (Check this box to request a response that is co Optional) ALL WUNLAPSED		
2b. COPY REQUEST CERTIFIED (Select one of the following two options:	Optional) ALL UNLAPSED ERTIFIED (Optional)	and Additional Identifying Informatio	
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		
2b. COPY REQUEST CERTIFIED (Select one of the following two options: 2c. SPECIFIED COPIES ONLY CE Record Number	Optional) ALL UNLAPSED ERTIFIED (Optional)		