FORMATION REQUES LOW INSTRUCTIONS (front and be NAME & PHONE OF CONTACT (option Amy 365-4082 or Ke	ack) CAREFULLY	200	5 0006	12	FILED FOR KEGUN 2005 JUL - 7 AM 9: 3
RETURN TO: (Name and Address)	VEN JOS 1861		1		MICH/YEL A. BROWN RECONDER
					-COSTOCK .
Northwe 9505 G	per Chase of est Indiana, Inc. enevieve Drive ohn, IN 46373	_]	Elia contrata	
DEBTOR NAME to be searched - in	sert only <u>one</u> debtor name (1a or 1	b) - do not abbreviate		OVE SPACE IS F	OR FILING OFFICE USE ONLY
1 CORGANIZATION'S NAME	c Mana	gemer	t Corp	poratio	h
16/1NDIVIDUAL'S LAST NAME	- Control of the Cont	FIRST NAME		MIDDL	E NAME SUFFIX
Select one of the following two or	CERTIFIED (Optional)		Type of Record co	d Additional idea	History Information (free in a)
Record Number	Date Record F	ited (if required)	ype of Record an	a Additional iden	tifying information (if required)
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ADDITIONAL SERVICES:					