INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) C. A. NAME & PHONE OF CONTACT [optional]		005 0006	33	LAKE COUNTY FILED FOR RECOR 2005 JUL 14 MAIN S MICHAEL 1 SHOWN
B. RETURN TO: (Name and Address)		_		MAN STATE OF THE S
Stewart Title of Northwes The Po 5521 W. Lin Crown Point	t Indiana inte coln Hwy.			
L	1,41,42,000	. THE ABOVE S	SPACE IS FOR FILING	OFFICE USE ONLY
1. DEBTOR NAME to be searched - insert on la. ORGANIZATION'S NAME HOWEL	1	quipment		
16. INDIVIDUAL'S LAST NAME	FIRST NAME	, 7	MIDDLE NAME	SUFFIX
2. INFORMATION OPTIONS relating to U 2a. SEARCH RESPONSE CERTIFIE Select one of the following two options 2b. COPY REQUEST CERTIFIE Select one of the following two options	ED (Optional) ED (Optional)			1
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Add	itional Identifying Info	ormation (if required)
2000 - 411	5-18-00			<u> </u>
2000-298	1-4-00			
2000 - 299	1-4-00			

3. ADDITIONAL SERVICES:

Inu 1-13-05

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

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)

pk# 2060