



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000634

2005 JUL 14 AM 10:38

MICHAEL J. BROWN  
REGISTRAR

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
Meridian Title Corporation 746 E Lincoln Hwy Schererville IN 46375	

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: Walid      FIRST NAME: Suleiman      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)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

**3. ADDITIONAL SERVICES:**

*John 7-13-05*

**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.)

*800  
PK # 2951*