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FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CAREFULLY	LAKE COL LAKE COL FILED FOR R	
NAME & PHONE OF CONTACT (optional) RETURN TO: (Name and Address)	2005 JUL 15 P	M 12: 07
Timeridian Title Corporation 7 746 E. Lincoln Hwy. Scherer Ville, DN 46375	MICHAEL A. S PECLES	
	E SPACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 12. ORGANIZATIONS NAME		
KIRBY MANOR CP.	3	112
1b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME	SUFFI
Record Number Date Record Filed (M required) Type of Record and Ad	ditional identifying information	ou (it induited)
Record Number Date Record Filed (If required) Type of Record and Ad	ditional identifying information	on (If required)
Nothing a	n lile	
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DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise Instru 4a. Pick Up	July 7-14-05	,