Palmer  Neil J 0 2. PNFORMATION 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 (Optionsil) Select gag of the following two options:   ALL (Check this box to request a response that is complete, including filings that have lapsed.)   UNLAP  2b. COPY REQUEST   CERTIFIED (Optionsil) Select gag 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)    Working On Jule					
SPECIFIED COPIES ONLY  DEBTOR NAME to be searched - insert only gag debtor name (1 a or 1b) - do not abbreviate or combine names  Palmer Credit Services PO Box 1160 Valparatiso IN 46384-1160  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR NAME to be searched - insert only gag debtor name (1 a or 1b) - do not abbreviate or combine names  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR NAME to be searched - insert only gag debtor name (1 a or 1b) - do not abbreviate or combine names  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  OR GRANIZATION'S NAME  SUIT ABOVE SPACE IS FOR FILING OFFICE USE ONLY  OR SPACE IS FOR FILING OFFICE USE ONLY				4, 1,	
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Diane S. Opburn  RETURN TO: Online and Address)  Farm Credit Services  P O Box 1160  Valparaiso fix 46384-1160  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  La ORGANIZATION'S NAME  In DIDIVIDUAL'S LAST NAME Palmer  Neil  J O ON PROJUST  CRETIFIED (Optional)  Select aggs of the following two options:  ALL (Check this box to request a response that is complete, including filings that have Lipacd.)  Record Number  Date Record Filed (if required)  Type of Record and Additional Identifying Information (if required)  ADDITIONAL SERVICES: Iso search, Debite L. Bothwell		CAREFULLY		FILED F	OR RECORD
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DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):  4a.  Pick Up		ii be completed and mailed to the address	s shown in item B unless otherwise instructed h	ere):	
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.)			vide delivery information (e.g., delivery service	s name, addressee's account # wi	th delivery service,