

LAKE COUNTY FILED FOR RECORD

2005 JUL 25 PM 12: 51

2005 000665 INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY MICHAEL A PROWN FILEDALUS A. NAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT # 877-835-5232, ext. 220 Kay Lesher B. RETURN TO: (Name and Address) THE COOPERATIVE FINANCE ASSOCIATION, INC. P.O. BOX 901532 KANSAS CITY, MO 64190 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	16. INDIVIDUAL'S LAST NAME De YOUNG	FIRST NAME LEONA		MIDDLE NAME	SUFFIX				
2.	NFORMATION OPTIONS relating to UCC fi	lings and other notices on file in the	filing office that include as a Debt	or name the name identified in ite	m 1:				
2	a. SEARCH RESPONSE CERTIFIED (C	optional)							
	Select one of the following two options:	ALL (Check this box to request a	response that is complete, includ	ing filings that have lapsed.) X	UNLAPSED				
2	b. COPY REQUEST CERTIFIED (C	optional)							
	Select one of the following two options:	ALL X UNLAPSED							
2	c. SPECIFIED COPIES ONLY CERTIFIED (Optional)								
	Record Number	Date Record Filed (if required)	Type of Record and Additiona	al Identifying Information (if req	uired)				

3. ADDITIONAL SERVICES:

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

4a. Pick Up 4b. Other Please return the search results in the enclosed, self-addressed envelope

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.)