INFORMATION REQUEST

2005 000696

LAKE COUNT FILED FOR RECOR 2005 AUG -4 AM 10: 27

MUHAN L BROWN

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
Dianne A.	
B. RETURN TO: (Name and Address)	
Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307	'
1 157-38/0/0	1

	L 757-386	6	THE ABOVE SPACE IS FOR FILING OFF	FICE USE ONLY	
	BTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviat	e or combine names		
00	a ORGANIZATION'S NAME LAKESIDE ENCK				
1	b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	. SEARCH RESPONSE CERTIFIED (O	ptional)	filing office that include as a Debtor name the name ide response that is complete, including filings that have la		
2t	o. COPY REQUEST CERTIFIED (O Select one of the following two options:	optional) ALL UNLAPSED			
20	c. SPECIFIED COPIES ONLY CERTIFIED (Optional)				
	Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Informa	ation (if required)	

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS (request will be completed and malled 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.)