		EAKE COUNTY FILED FOR RECONS
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back	CAREFULLY 2005 000697	2005 AND -4 AMID: 27
8. RETURN TO: (Name and Address) Stewart Titl 5521 W Cinco Clown Point 19-751-386	e of hwi in Hwy. 30 46307	VE SPACE IS FOR FILING OFFICE USE ONLY
1a. ORGANIZATION'S NAME	only one debtor name (1a or 1b) - do not abbreviate or combine names Chamber First NAME	MIDDLE NAME SUFFIX
2a. SEARCH RESPONSE CERT Select one of the following two options	FIED (Optional)	_
Record Number	Date Record Filed (if required) Type of Record and	Additional Identifying Information (if required)
. ADDITIONAL SERVICES:		
	•	
	be completed and mailed to the address shown in item 8 unless otherwise ins	Am 8-3-05

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.)