

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT (optional) **Amy 365-4092 or Karen 365-4864** FILING OFFICE ACCT # **2005 000701**

B RETURN TO: (Name and Address)

**The Paper Chase of
Northwest Indiana, Inc.
9505 Genevieve Drive
St. John, IN 46373**

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 **Giffords Brook Funding, Limited Partnership**
OR
1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2 INFORMATION 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 (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED
- 2b COPY REQUEST CERTIFIED (Optional)
Select one 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)

3 ADDITIONAL SERVICES:

Thru date: 8/4/05

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