ORMATION REQUES		LAKÉ SÚ FILED FOR	677
CHOW INSTRUCTIONS (front and back) CAREFULLY CHAME & PHONE OF CONTACT (optional) FILING OF DISEASCED 0 0 7 0 2		FILEUFER	ALCOR.
Amy 365-4082 or Karen 365.4864 RETURN TO: (Name and Address)		2005 AUG - 5 AM 9: 5	
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Northwe 9505 G	iper Chase of est Indiana, Inc. enevieve Drive ohn, IN 46373	71.7	
DEBTOR NAME to be searched - in	THE ABO sert only one debtor name (1a or 1b) - do not abbreviate or combine names	VE SPACE IS FOR FILING OFFIC	CE USE ONLY
1aCDRGANIZATION'S NAME	Kenergy LLC		
16/INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
COSPECIFIED COPIES ONLY	Date Record Filed (if required) Type of Record and	Additional identifying informati	on (if required)
Record Number	CERTIFIED (Optional)	Additional Identifying informati	on (if required)
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