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Design The		

			FILED FOR	RECUKI
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	•	000712	2005 AUC - 9	REOWN
A NAME& PHONE OF CONTACT [optional] JIM BUSH 309-928-9491 B. RETURN TO: (Name and Address) HEARTLAND AG, INC. PO BOX 167 FARMER CITY, IL. 61	FILING OFFICE ACCT #		- F(E(-(*)	DEA
DEBTOR NAME to be searched - insert only of the control of th	ene debtor name (1a or 1b) do not abbrevia		ACE IS FOR FILING OFFIC	CE USE ONLY
OR 15. INDIVIDUAL'S LAST NAME BULTEMA	FIRST NAME RON		MIDDLE NAME	SUFFIX
2. INFORMATION OPTIONS RELATING TO USE 2a. SEARCH RESPONSE Select One of the Following: ALL (Check this box to XI UNLAPSED	CC FILINGS & OTHER NOTICES ON FILE IF CERTIFIED (Optional) request a response that is completed.			ME IDENTIFIED IN ITEM 1:
2b. COPY REQUEST Select One of the Following: ☐ ALL ☑ UNLAPSED	CERTIFIED (Optional)			
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Addition	nal Identifying Informatio	on (if required)
160				

3. ADDITIONAL SERVICES

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4. DELIVERY INSTRUCTIONS (request will be filled by mail sent to address show	wn in item 8 unless otherwise instructed here):		The state of the s
4a. Pick Up 4b. Other			Apple 41.7