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			LAKE	count.
NFORMATION REQUEST			FILEDFO	cháid DA RECOR
OLLOW INSTRUCTIONS (front and back) CARE  A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE AGCT #	10733		
Rosemary Bonnar @ 219-663-2289	ext 316	0100	ZUUS AUD 11	6 4410 20
B. RETURN TO: (Name and Address)				
	•		MIC PIL	WWG. D
Chicago Title Insurance		1	MIG IATI FILLS	Sec. 13.
2200 North Main St Crown Point, IN 46307				
210111111111111111111111111111111111111	•			
625-5969			•	
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			ACE IS FOR FILING OFFI	CE USE ONLY
DEBTOR NAME to be searched - insert only on the ORGANIZATION'S NAME	e debtor name (1a or 1b) - do not abbrevia	te or combine nanies		
PCI Associates  1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
INFORMATION OPTIONS relating to UCC f	ilings and other notices on file in the	filing office that include as a De	btor name the name identi	fied in item 1:
2a. SEARCH RESPONSE CERTIFIED (				
Select one of the following two options:	ALL (Check this box to request a	response that is complete, incl	uding filings that have laps	ed.) UNLAPSED
2b. COPY REQUEST CERTIFIED (C				
	✓ ALL UNLAPSED			
2c. SPECIFIED COPIES ONLY	RTIFIED (Optional)			
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Record Number 93002987	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required) PCI Associates (all) debtor		on (ii required)
		r CI Associates (all) o	CDIOI	***************************************
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FORMATION REQUEST			LAKE	COURT B RECOR.
FORMATION REQUEST  LOW INSTRUCTIONS (front and back	CAREFULLY		TILEDAU	a RECOR.
NAME & PHONE OF CONTACT (optional)	FILING OFFICE AGCT #()	<b>1</b> 10733	2005 AUD 16	0.410.00
osemary Bonnar @ 219-663-2			ZOUT HOT ! D	8m IUS 20
RETURN TO: (Name and Address)		7	A to come	Carrier or
Chicago Title Insurance	-	┨	Mic PTI	MOST
Chicago Title Insurance 2200 North Main St			1.30	
Crown Point, IN 46307				
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625-5969			,	
			ACE IS FOR FILING OFFIC	E USE ONLY_
JEBTOR NAME to be searched - insert  1a ORGANIZATION'S NAME	t only one debtor name (1a or 1b) - do not abbreviate	or combine names		
PCI Associates				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
	with the second		10 - 17 - 2	
NFORMATION OPTIONS relating to	UCC filings and other notices on file in the fili	ing office that include as a De	btor name the name identit	ied in item 1:
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b. COPY REQUEST CERTI	IFIED (Optional)			-
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c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
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Record Number		Type of Record and Additio		on (if required)
93002987		PCI Associates (all) d	ebtor	
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DDITIONAL SERVICES:				
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			Thu 8	1/15/05
	be completed and mailed to the address shown in ite	m B unless otherwise instructed h	Au S	1/15/05
ELIVERY INSTRUCTIONS (request will l a. ☑ Pick Up b. ☐ Other	be completed and mailed to the address shown in ite	m B unless otherwise instructed h	Sere):	1/15/05