

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR REC'D

2005 AUG 16 9:10:20

MICHAEL A. TROWN
REC'D

2005 000733

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE ADCT #1
Rosemary Bonnar @ 219-663-2289 ext 316

B. RETURN TO: (Name and Address)

**Chicago Title Insurance
 2200 North Main St
 Crown Point, IN 46307**

625-5969

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
PCI Associates

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)
93002987		PCI Associates (all) debtor
93003212		
93003213		
93003429		<i>nothing on file</i>
97002370		
98002900		

3. ADDITIONAL SERVICES:

Done 8/15/05

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.)

