ORMATION REQUEST			LAKE COUNTY FILED FOR REGOR
VAME & PHONE OF CONTACT (options Amy 365-4092 OR Ko RETURN TO: (Name and Address)	al)   FILING OFFICE ACCT	000742	2005 AND 17 PAIR 2
Northwe 9505 G	aper Chase of est Indiana, Inc. enevieve Drive ohn, IN 46373		
1. CORGANIZATION'S NAME	sert only one debtor name (1a or 1b) - do not abbrevia	te or combine names	S FOR FILING OFFICE USE ONLY
15/TINDIVIDUAL'S LAST NAME	bration Station		DOLE NAME SUFFIX
	g to UCC filings and other notices on file in the	filing office that include as a Debtor	name the name identified in item 1:
BEARCH RESPONSE CE Select one of the following two o	RTIFIED (Optional) ptions: ALL (Check this box to request a	response that is complete, including	filings that have lapsed() UNLAPSE
Select one of the following two o	RTIFIED (Optional) uptions: ALL UNLAPSED		
COSPECIFIED COPIES ONLY	CERTIFIED (Optional)		
Record Number	Date Record Filed (if required)	Type of Record and Additional I	dentifying Information (if required)
Record Number	Date Record Filed (if required)	Type of Record and Additional le	dentifying Information (if required)
Record Number	Date Record Flied (if required)	Type of Record and Additional I	dentifying Information (if required)
Record Number	Date Record Filed (if required)	Type of Record and Additional I	dentifying Information (if required)
Record Number	Date Record Filed (if required)	Type of Record and Additional I	dentifying Information (if required)
Record Number	Date Record Filed (if required)	Type of Record and Additional I	dentifying information (if required)
Record Number  ADDITIONAL SERVICES:	Date Record Filed (if required)	Type of Record and Additional I	dentifying Information (if required)
	Date Record Filed (if required)	Alflura	dentifying Information (if required)
	Date Record Filed (if required)	Type of Record and Additional I	dentifying information (if required)
	Date Record Filled (if required)	Alflury	dentifying Information (if required)
	Date Record Filed (if required)	Type of Record and Additional I	dentifying Information (if required)
	Date Record Filled (if required)	Type of Record and Additional I	dentifying information (if required)
	Date Record Filled (if required)	Alflury	dentifying Information (if required)
	Date Record Filled (if required)	Type of Record and Additional I	dentifying Information (if required)
	Date Record Filled (if required)	Alflura	dentifying Information (if required)
	Date Record Filled (if required)	Type of Record and Additional I	dentifying Information (if required)
	Date Record Filled (if required)	Type of Record and Additional I	dentifying information (if required)
	Date Record Filled (if required)	Althura	
	Date Record Filled (if required)	Thru date:	

Specify desired method here (if available from this office); provide delivery information (eiii) delivery service's name, addressee's account # with delivery service, addressee's phone #, etc0