INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULL	2005 0	00 74 5 9	LAKE GOLDEN FILED FOR 1 SUK
A. NAME & PHONE OF CONTACT (optional) Michelle O'Brien Hubbard; 317-713-3482	FILING OFFICE ACCT #		ACCINE SPOWN
B. RETURN TO: (Name and Address) Michelle O'Brien Hubbard, Paralegal Sommer Barnard Attorneys, PC One Indiana Square, Suite 3500 Indianapolis, IN 46204			
1. DEBTOR NAME to be searched - insert only one debt 1a. ORGANIZATION'S NAME Ernic Enterprise of Indiana, Inc.	or name (1a or 1b) - do not abbreviate or combine	THE ABOVE SPACE IS FOR FILING names	NG OFFICE USE ONLY
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	ED (Optional)	Record and Additional Identifying I	nformation (if required)
	Not	turo on gile	
3. ADDITIONAL SERVICES: Please search fixture filing and non-fixture filing Please also search without any corporate ending			
		Thu	8-14-05