	8				
INFORMATION REQUEST				LAKE	CCLATA R ECOR
FOLLOW INSTRUCTIONS (front and back)	arc.		FILEDFO	R VECUK.	
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 or Kard BDRETURN TO: (Name and Address)	en 365.4864 FILING OFFICE ACCT #	00076	0		PF 4:27
BDRETURN TO: (Name and Address)					
		T .		MOHEL.	MOS
Northwest 9505 Ger	er Chase of Indiana, Inc. nevieve Drive n, IN 46373			F. 49.	
and the second second second second		THE AB	OVE SPACE IS	FOR FILING OFFICE	USE ONLY
	only one debtor name (1a or 1b) - do not abbreviate	or combine names		F ATTEL	
18 CORGANIZATION'S NAME	EENLEAF A	UTO	REC	/CLER	SLLC
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME		MIDO	LE NAME	SUFFIX
Select one of the following two options	IFIED (Optional)	response that is comp	lete, including fil	lings that have lapsed	UNLAPSED
Record Number	Date Record Filled (if required)	Type of Record an	d Additional Ide	entifying information	(if required)
Neodia Walinger	Date Necota Fined (Frequence)	Type of the dord and	a Additional loc	manying miorimation	(H required)
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			Moch	in ont	de
	11 = 12 = 1			0	
		18040			
3UADDITIONAL SERVICES:					
		Thru	date:	8/00/	/s-
40DELIVERY INSTRUCTIONS (request w	ill be completed and mailed to the address shown in				
4bC Other Specify desired method here (if	available from this office); provide delivery information (e	ODdelivery service's name,	addressee's account	# with delivery service, add	ressee's phone #, etcÛ