ORMATION REQUEST OW INSTRUCTIONS (front and back			LAKE DALLEGGIA
AME & PHONE OF CONTACT LOPIDONS AMY 365-4082 OR KA	FILING OFFICE ACCT #		2005 AUG 22 57 4: 27
ETURN TO: (Name and Address)	2005	00762	MONATA 330MM
Northwe 9505 G	per Chase of st Indiana, Inc. enevieve Drive hn, IN 46373		
EBTOR NAME to be searched - ins	sert only one debtor name (1a or 1b) - do not abbrevia		ACE IS FOR FILING OFFICE USE ONLY
16/INDIVIDUAL'S LAST NAME	FIRST NAM	* INITELIVE	MIDDLE NAME SUFFIX
Select one of the following two or bacopy REQUEST CEF	RTIFIED (Optional) ptions: X ALL UNLAPSED	Carlo Harris Harris	luding filings that have lapsed() UNLAPS
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