

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 SEP -2 AM 11:36

Att'n: Bev :
2005 000808

MICHAEL A. STOWAN
REC'D

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) _____ FILING OFFICE ACCT # _____

B. RETURN TO: (Name and Address)

Precise Title, LLC
8917 24th Street
DeMott, IN 46310

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 _____

OR

1b. INDIVIDUAL'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ SUFFIX _____

Bruce _____ Kyle _____ S _____

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)

3. ADDITIONAL SERVICES:

Bruce, Renee M. - no records

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 (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

INFORMATION REQUEST (FORM UCC11) (REV. 05/09/03)