ODMATION DECUEST		STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
ORMATION REQUEST OW INSTRUCTIONS (front and back) CARE	EFULLY	
AME & PHONE OF CONTACT [optional]	FILING OF 20 1 1 0 0 8 1	2005 SEP - 6 AM 10: 4
x E. Bennett (317/237-3896) ETURN TO: (Name and Address)	2000	
ETORN TO: (Name and Address)		MICHAEL A. BROWN
Rex E. Bennett		RECORDER
Locke Reynolds LLP	:	
201 North Illinois Street, Suite	1000	
P. O. Box 44961 Indianapolis, Indiana 46244-0	061	
Indianapons, Indiana 40244-0	1	
L_	THE ABOVE S	PACE IS FOR FILING OFFICE USE ONLY
EBTOR NAME to be searched - insert only or	ne debtor name (1a or 1b) - do not abbreviate or combine names	,
a. ORGANIZATION'S NAME		
	I sport were	MIDDLE NAME SUFFIX
b. INDIVIDUAL'S LAST NAME	FIRST NAME	
Anthony	M.	Meyer Mr.
	filings and other notices on file in the filing office that include as a <code>C</code>	Debtor name the name identified in item 1:
a. SEARCH RESPONSE 🔲 CERTIFIED (_
Select one of the following two options:	ALL (Check this box to request a response that is complete, inc	cluding filings that have lapsed.) 🔲 UNLAPSI
. COPY REQUEST CERTIFIED (Optional)	
Select one of the following two options:	ALL UNLAPSED	
	ERTIFIED (Optional)	
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Record Number	Date Record Filed (if required) Type of Record and Addit	ional Identifying Information (if required)
-		12 Gren
		100 1900
DITIONAL OFFICERS		
ODITIONAL SERVICES:		•
TIVEDVINETDI INTIONE		
ELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the address shown in item B unless otherwise instructe	d here):