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		LAKE	F INDIA-IA COUNTY OR RECORD
FORMATION REQUE LOW INSTRUCTIONS (front and			
NAME & PHONE OF CONTACT [opt	tional] FILINGO PICE AGCT # U	10821 Z005 SEP -	7 AM 11:52
anel R. Conklin (260) 423 RETURN TO: (Name and Address)	3-9551	MICHAEL	A. BROWN
			ORDER
Janel R. Conklin, Pa Barrett & McNagny 215 East Berry Stree Fort Wayne, Indiana	LLP et		
<u></u>		THE ABOVE SPACE IS FOR FILING OFFI	CE USE ONLY
	- insert only one debtor name (1a or 1b) - do not abbreviate or		
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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_	iting to UCC filings and other notices on file in the filing	g office that include as a Debtor name the name ident	lified in item 1:
	CERTIFIED (Optional)		
Select one of the following two	o options: 🖊 ALL (Check this box to request a res	ponse that is complete, including filings that have laps	sed.) UNLAPS
b. COPY REQUEST C	CERTIFIED (Optional)		
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c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)		
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