| FORMATION REQUEST   |  |                                      | *                       | STALF                                 | UF INDIANA                     |
|---|--|--------------------------------------|-------------------------|---------------------------------------|--------------------------------|
| LOW INSTRUCTIONS (front and back)   | CAREFULLY  | FICE ACCT #                          |                         | LAI                                   | (E COUNTY<br>FOR RECORD        |
| NAME & PHONE OF CONTACT (optional)  SIY @ITN (218)(40)  RETURN TO: (Name and Address) | 7-8700   | MATERIAL TO STORY                    | 001.2                   | :                                     | 14 AH 10: 2                    |
| •   | -1/2 Noti  | 2003 00                              | 0842                    | 7000 OC                               | 14 HIIIO. C                    |
| Indiana<br>315 D H  | lain St.   |                                      |                         |                                       | EL A. BROWN<br>ECOR <b>DER</b> |
| Crown Poi   | Title Netu<br>lain St.<br>int, IN 463            | 507                                  |                         |                                       |                                |
| 1   | File#339   |                                      |                         |                                       |                                |
| DEBTOR NAME to be searched - Insert   |  |                                      | HE ABOVE'SPACE IS       | FOR FILING OFFICE                     | USE ONLY                       |
| 18EDRGANIZATIONS NAME   | 1000 //  | 7                                    |                         |                                       |                                |
| I DEINDIVIDUAL'S LAST NAME  | ies cci  | FIRST NAME                           | MIDD                    | LE NAME                               | SUFFIX                         |
|   |  | Alexander                            |                         |                                       |                                |
| NFORMATION OPTIONS relating to<br>2adsearch response CERTI                            | LUCC filings and other notice<br>FIED (Optional) | es on file in the filing office that | include as a Debtor na  | me the name identifie                 | d in item 1:                   |
| Select one of the following two option  |  | ox to request a response that is     | complete, including fil | ings that have lapsed                 | O UNLAPSED                     |
|   | FIED (Optional)                                  | UNLAPSED                             |                         |                                       |                                |
| Select one of the following two options COSPECIFIED COPIES ONLY                       | Ons:   VALL                                      | UNICAPSED                            |                         |                                       | <del></del>                    |
|   |  |                                      |                         |                                       | <del></del>                    |
| Record Number.  | Date Record File                                 |                                      | ord and Additional Ide  | ntifying information                  | (if required)                  |
| A009-1117   | 10.10  | 04                                   |                         |                                       |                                |
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| ADDITIONAL SERVICES:  |  |                                      |                         |                                       |                                |
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| ADDITIONAL SERVICES:  DELIVERY INSTRUCTIONS (request will                             |  | address shown in item 8 unless oth   |                         | 4-001<br>formut                       |                                |
|   |  | address shown in Item 8 unless oth   |                         | 4-001<br>formet                       |                                |