2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: CERTIFIED (Optional) 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)						
A NAME & PRICE OF CONTACT (potional) B. RETURN TO, (Name and Address) LAKE COUNTY FILED FOR RECORD RECORDER RECORDER MICHAEL A. BROWN RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - neart only goal debtor name (to or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - neart only goal debtor name (to or 1s) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 gags of the following two options: Select gags of the following two op						
A NAME & PHONE OF CONTACT (optional) B. RETURN TO: (Name and Address) B. RETURN TO: (Name and Address) L. A. BROWN RECORDER MICHAEL A. BROWN RECORDER MICHAEL A. BROWN RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insert only goal debtor name (1a or 1b) - do not abbreviate or combine names The ORGANIZATION'S IMAME L. THAM SALES & SERVICE, TAC., The NOVIDUAL'S LAST NAME PRIST NAME INFORMATION OPTIONS releating to UCC filings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Solect aga of the following two options: SALL (Check this box to request a response that is complete, including filings that have lapsed.) UNILAPS Date Record Filed (if required) Type of Record and Additional Identifying information (if required) Record Number Date Record Filed (if required) Type of Record and Additional Identifying information (if required)		OFFINI V			STATE UP	Hilly Inc.
RETURN TO: (Name and Address) Light Net Cox Annueth MICHAEL A. BROWN RECORDER MICHAEL A. BROWN RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b)- do not abbreviate or combine names 1a. ORGANIZATION'S NAME DET HAM SALCS & SCAVICE, THC. INFORMATION OPTIONS relating to UCC flings and other notices on file in the filling 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: SALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPS COPY REQUEST CERTIFIED (Optional) 2b. COPY REQUEST CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	A. NAME & PHONE OF CONTACT [optional]	FILING OFFIC	•	7	1 4394 1	THATTA
LINFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Select gag of the following two options: CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	3. RETURN TO: (Name and Address)	190 2	005	-000857		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - Insert only gos debtor name (1s or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME DETTHAM SALES A SERVICE THE. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name Identified in Item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select gins of the following two options: CLL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPS 2b. COPY REQUEST CERTIFIED (Optional) Select gins of the following two options: CERTIFIED (Optional) Select gins of the following two options: CERTIFIED (Optional) CERTIFIED (Optional) Type of Record and Additional Identifying Information (firequired) Type of Record and Additional Identifying Information (firequired)	□ INUNE CE	V PARME	- est	1	2003 2FL SI	AM 8: L
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - Insert only gos debtor name (1s or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME DETTHAM SALES A SERVICE THE. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name Identified in Item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select gins of the following two options: CLL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPS 2b. COPY REQUEST CERTIFIED (Optional) Select gins of the following two options: CERTIFIED (Optional) Select gins of the following two options: CERTIFIED (Optional) CERTIFIED (Optional) Type of Record and Additional Identifying Information (firequired) Type of Record and Additional Identifying Information (firequired)	1/31 610	1	-07/	1	MICHAEL A	BROWN
DEBTOR NAME to be searched - insert only one debtor name (1e or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME WITHAM SALCS A SCRUICE, TAX. 1b. INDIVIDUAL'S LAST NAME INFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a. SEARCHRESPONSE CERTIFIED (Optional) Select one of the following two options: CERTIFIED (Optional) Select one of the following two options: Select one of the following two options: CERTIFIED (Optional) A CERTIFIED (Optional) Select one of the following two options: Date Record Filed (if required) Type of Record and Additional identifying information (if required)						
DEBTOR NAME to be searched - insert only one debtor name (1e or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME WITHAM SALCS A SCRUICE, TAX. 1b. INDIVIDUAL'S LAST NAME INFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a. SEARCHRESPONSE CERTIFIED (Optional) Select one of the following two options: CERTIFIED (Optional) Select one of the following two options: Select one of the following two options: CERTIFIED (Optional) A CERTIFIED (Optional) Select one of the following two options: Date Record Filed (if required) Type of Record and Additional identifying information (if required)	MUNSTER	, IN 463	21	1		
DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names Ta. ORGANIZATION'S NAME	′		_			
The individual's last name Pirst name Pirst name Middle name Suffix				or combine names		EONLY
15. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE	18. ORGANIZATION'S NAME W #7	HAM SA	LES	\$ SERVICE	- The	
2a. SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: CLL (Check this box to request a response that is complete, including fillings that have lapsed.) UNLAPS 2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: UNLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filled (if required) Type of Record and Additional Identifying Information (if required)	16. INDIVIDUAL'S LAST NAME					SUPFIX
2a. SEARCH RESPONSE CERTIFIED (Optional) Solect one of the following two options: CLL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPS 2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: CERTIFIED (Optional) 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	INFORMATION OPTIONS	O discount of the same	- Glada Na G	II and a state of the state of		
2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: CERTIFIED (Optional) 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)			n tije in the ti	ling office that include as a Del	Nor name the name identified in	item 1:
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)			o request a r	esponse that is complete, inclu	ding filings that have lapsed.)	UNLAPS
2c. SPECIFIED COPIES ONLY Record Number Date Record Filed (if required) Type of Record and Additional identifying information (if required)			NI APSED			٠
Record Number Date Record Filed (if required) Type of Record and Additional identifying information (if required)						
	Record Number	Date Record Filed (if required)	Type of Record and Addition	nal identifying information (if	required)
ACCUPACION CONTROL CON						
ADDITIONAL OFFICE						
	. ADDITIONAL SERVICES:					
	•					
			.1	•		
			a	•		
			.1	•		
Thu 9-20-08					Thru 9-3	LO-05
. DELIVERY INSTRUCTIONS (request will be completed and melled to the address shown in item B unless otherwise instructed here): $4a - 4a $		ompleted and melled to the addr	ess shown in it	om B unlose otherwise instructed h	Thru 9-2	L0-05