		STATE OF INDIANA
FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CAF	REFULLY	LAKE COUNTY FILED FOR RECORD
NAME & PHONE OF CONTACT (optional)	F124040540000862	2005 SEP 21 PH 3: 34
Stewart Tin 5521 W. Lincola	4e 1 Hwy #205	MICHAEL A. BROWN RECORDER
CAOWN Point		E ABOVE SPACE IS FOR FILING OFFICE USE ONLY
Shaved Mo-	tols	
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
Record Number 1993 - 1507 2003 27	Date Record Filed (if required) Type of Record 9/27/93	d and Additional Identifying Information (if required)

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