ORMATION REQUEST OW INSTRUCTIONS (front and back) AME & PHONE OF CONTACT (optional) Amy 365-4082 OR Kare	FILING OFFICE ACCT #	LAKE CO FILED FOR	INDIAHA DUNTY RECORD
ETURN TO: (Name and Address)	2005 00891	2005 OCT -5	AH 9:21
Northwest 9505 Gen	er Chase of Indiana, Inc. nevieve Drive n, IN 46373	MICHAEL A RECOF	
FRTOR NAME to be searched - insert	only one debtor name (1a or 1b) - do not abbreviate or combine names	SPACE IS FOR FILING OFFI	CE USE ONLY
1aCDRGANIZATION'S NAME	bl Salons LLC		
1 / JULE 16/1NDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFU
Select one of the following two option	FIED (Optional) ne: ALL UNLAPSED	including minigs that here says	sedi) UNLAI
BOCOPY REQUEST CERTIF	FIED (Optional)	including inings that have appearance	CTE (27)A 114
Select one of the following two options SPECIFIED COPIES ONLY	FIED (Optional) na: ALL UNLAPSED CERTIFIED (Optional)		-
BECOPY REQUEST CERTIL	FIED (Optional) na: ALL UNLAPSED CERTIFIED (Optional)	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY	FIED (Optional) na: ALL UNLAPSED CERTIFIED (Optional)	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY	FIED (Optional) ne: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Add	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY Record Number	FIED (Optional) ne: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Add	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY	FIED (Optional) ne: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Add	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY Record Number	FIED (Optional) ne: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Add	ditional identifying informat	-
Select one of the following two options SPECIFIED COPIES ONLY Record Number	FIED (Optional) ne: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Add	ditional identifying informat	-