

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---|---|
| ADNAME & PHONE OF CONTACT (optional) | FILING OFFICE ACCT # 2005 000902 |
| BRETURN TO: (Name and Address) | |
| <div style="border: 1px solid black; padding: 5px;"> <p>Chicago Title Insurance Co 410 Margaret Harris 2200 N Main Street Crown Point, IN 46307</p> </div> | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | |

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 OCT 12 PM 3:00

MICHAEL A. BROWN
RECORDER

1 DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | |
|----|--|------------|-------------|--------|
| OR | 1a ORGANIZATION'S NAME Natron Corp | FIRST NAME | MIDDLE NAME | SUFFIX |
| | 1b INDIVIDUAL'S LAST NAME | | | |

2 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 one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 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) |
|-----------------|---------------------------------|---|
| 94002115 | 6-17-94 | <i>Nothing on file</i> |
| 94003191 | 9-21-94 | |
| | | |
| | | |

3 ADDITIONAL SERVICES:

Shu 10/11/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

- 4a Pick Up
 4b Other

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.)