IFORMATION REQUEST DLLOW INSTRUCTIONS (front and back NAME & PHONE OF CONTACT (optional)			FI	LAKE COUNTY LED FOR RECORD
RETURN TO: (Name and Address).	2	005 00093	-	OCT 25 AM 9: 2
Timeridian Ti 746 E. Scherer	He Corporati Lincoln Hu Ville, DN 40	ON 7 JY.		CHAEL A. BROWN RECORDER
DEBTOR NAME to be searched - inser	t only one debtor name (is or ib) - do	THE ALL	BOVE SPACE IS FOR FILIN	IG OFFICE USE ONLY
1a. ORGANIZATION'S NAME	200	THE ESSIVERAGE OF CONTROL PARTIES		· · · · · · · · · · · · · · · · · · ·
16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
NFORMATION OPTIONS relating to	UCC filings and other notices or	file in the filing office that includ	as a Deblor name the nam	ne identified in item 1:
	Date Record Filed (H	Type of Record and	1 Additional identifying in	formation (frequired)
	Date Record Filed (I	required) Type of Record and	Additional identifying in	formation (frequired)
ADDITIONAL SERVICES:	Date Record Filed (I	required) Type of Record and	Additional identifying in	formation (frequired)
ADDITIONAL SERVICES:	Date Record Filed (II	required) Type of Record and	Additional identifying in	formation (frequired)
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ADDITIONAL SERVICES:	Date Record Filed (II	required) Type of Record and	Additional identifying in	formation (frequired)
ADDITIONAL SERVICES:	Date Record Filed (II	required) Type of Record and		
			No Record	
DELIVERY INSTRUCTIONS (request will la. Pick Up			No Record	Soven 10/