NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFO		, ,	STATE OF LAKE (FILED FO	INDIAMA COUNTY R RECORD
A. NAME & PHONE OF CONTACT [optional] Debbe Harris 757-386 B. RETURN TO: (Name and Address)	6 2005	000952	2005 OCT 3 (
Stewart Title Serv Northwest India 5521 W. Lincoln H Suite 205	ighway		MICHAEL / RECO	A. BROWN RDER
Crown Point, Ind			ACE IS FOR FILING OFFICE	USE ONLY
1a. ORGANIZATION'S NAME Vande Schee LL 1b. INDIVIDUAL'S LAST NAME			MIDDLE NAME	SUFFIX
Select one of the following two options: 2b. COPY REQUEST CERTIFIED (Options) Select one of the following two options: 2c. SPECIFIED COPIES ONLY CERTIFIED CERTIFIED COPIES ONLY	ALL (Check this box to request a ptional) ALL UNLAPSED TIFIED (Optional)	esponse that is complete, inclu	iding filings that have lapsed	.) WUNLAPSE
Record Number	Date Record Filed (if required)	Type of Record and Additio	nal Identifying Information	(if required)
			-	
. ADDITIONAL SERVICES:				
				V
			,	
			Record To	10/28
DELIVERY INSTRUCTIONS (request will be complete. Pick Up	eted and mailed to the address shown in	item B unless otherwise instructed	here):	
4b. Other Specify desired method here (if available from	n this office); provide delivery information (e.g	, delivery service's name, addressee's	account # with delivery service, add	essee's phone #, etc.