		S	ATE OF INDIANA		
NFORMATION REQUEST			FILED FOR RECORD		
OLLOW INSTRUCTIONS (front and back) CA A. NAME & PHONE OF CONTACT [optional] Dale W. Wietbrock, CED 219-663-0 B. RETURN TO: (Name and Address)	28005 FILING OF 15 90	7*3 2005	NOV -4 PH 1: 3	-}	
B. RETURN TO: (Name and Address)		MI	CHAEL A. BROWN		
Dale W. Wietbrock Lake County FSA Office 928-D South Court Street Crown Point, IN 46307 4848			RECORDER		
L		THE ABOVE	SPACE IS FOR FILING OFFIC	CE USE ONLY	
. DEBTOR NAME to be searched - insert only 1a. ORGANIZATION'S NAME	one debtor name (1a or 1b) - do not abb	previate or combine names			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST	NAME	MIDDLE NAME	SUFFIX	
Lorenz	Den		Lee	.	
2a. SEARCH RESPONSE CERTIFIED Select one of the following two options: 2b. COPY REQUEST CERTIFIED Select one of the following two options:	ALL (Check this box to reque O (Optional) ALL UNLAPS	est a response that is complete,	including filings that have laps	ed.) VUNLAPSI	
	CERTIFIED (Optional)			_	
Record Number	Date Record Filed (if requi	red) Type of Record and Ad	ditional Identifying Informati	on (if required)	
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. ADDITIONAL SERVICES:					
DELIVERY INSTRUCTIONS (request will be c	ompleted and mailed to the address sho	own in item B unless otherwise instru	sted here):	105	
4a. Pick Up 4b. Other					
	e from this office); provide delivery information	on (e.g., delivery service's name, address	ee's account # with delivery service, ac	ddressee's phone #, etc.)	
LING OFFICE COPY (1) - NATIONAL INF	ORMATION REQUEST (FORM U	JCC11) (REV. 05/09/01)			