	•			
NFORMATION REQUEST				
OLLOW INSTRUCTIONS (front and back) CAREFULL			STATE OF H	unit a 67 a
ACINAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #		STATE OF II LAKE CO	UNTY
Amy 365-4082 OR Karen 365-4 BORETURN TO: (Name and Address)		FILED FOR RECORD		
The state of the s	0005	00001	many MON LO	114 0 07
I	2005	000981	2005 NOV 10	AM 9: U/
The Paper Cha	se of		AMOUNT A	DOOMAL
Northwest Indian			MICHAEL A. RECORI	
9505 Genevieve I	Drive		neconi	JEN
St. John, IN 463	573			
		THE ABOVE S	PACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR NAME to be searched - insert only one debt	or name (1a or 1b) - do not abbrevia		NOTION ON THE MOON THE	
18CORGANIZATION'S NAME	MANACT	MENT O	CORPORA	TIMI
OR INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
I I I I I I I I I I I I I I I I I I I	FIRST NAME		MIDULE NAME	SOFFIX
DINFORMATION OPTIONS relating to UCC filings	and other notices on file in the	filing office that include as a F	Sehlor name the name identif	fied in item 1:
29 DSEARCH RESPONSE CERTIFIED (Option			postor figure the figure form	nou m nom 1.
	L (Check this box to request a	response that is complete, in	cluding filings that have lapse	edi) UNLAPS
2b0 COPY REQUEST CERTIFIED (Option	nal)			_
Select one of the following two options: X Al	L UNLAPSED	<u> </u>		
2c SPECIFIED COPIES ONLY	ED (Optional)			
Record Number Da	te Record Filed (if required)	Type of Record and Addit	lonal Identifying Informativ	on (if required)
Neoda Namber De	ite Necora Filea (Il requirea)	Type of Record and Addit	ional identifying information	on (ii reduired)
	V-CRYSSE	1		
		11/1)' ()	
		Wolling &	n fell.	
	- 1 THE ST			
	A TORONTO	385		
UADDITIONAL SERVICES:				
	n			
1100	ate f	2000		
$\mathcal{M}_{\mathcal{D}}$	and of			
, ,	-4-05			
	-4-()5			
l				
			/	,
			1/2/	
	•	Thru dat	11/9/	0
		inru aat	·e:	
IDELIVERY INSTRUCTIONS (request will be completed	and mailed to the address shown in	item B unless otherwise instructed	d here)	
4a□ Pick Up	are adding allowing	- India outside mayour		
4bt Other				
Specify desired method here (if available from this	office): posicie delime, information (elli	Odeli por serios's sema oddanasa'		