INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE COPY #
Rhett L. Tauber, Esq. 219-865-8400	2005 000994

B. RETURN TO: (Name and Address)

Rhett L. Tauber, Esq.
Tauber Westland & Jasaitis, P.C.
1415 Eagle Ridge Drive
Schererville, Indiana 46375

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Micic	Ljiljana		

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 <u>one</u> 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 <u>one</u> 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)
		Nothing on file

3. ADDITIONAL SERVICES:

Jhu 11-9-05

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 <u>here</u> (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)