DRMATION REQUEST DW INSTRUCTIONS (front and back			STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
NAME & PHONE OF CONTACT [optional]   890   FILING OFFICE ACCT   0   9   9   9   9   9   9   9   9   9		00998	2005 NOV 14 AH 9: 18
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L Munist	ER, IN46324	_	APOVE SPACE IS FOR FILING OFFICE NAME ON V
BTOR NAME to be searched - inse	rt only one debtor name (1a or 1b) - do not abbreviate	of combine names	ABOVE SPACE IS FOR FILING OFFICE USE ONLY
BRITTAN'	S TOTE & (AND FIRST NAME	) TANK	CLEANING SERVICES SURTER
ORMATION OPTIONS relating		iling office that incli	ude as a Debtor name the name identified in item 1:
	TIFIED (Optional) cons: ALL (Check this box to request a r	esponse that is cor	nplete, including filings that have lapsed.) UNLAPS
COPY REQUEST CERT Select one of the following two opti	TIFIED (Optional) ions: ALL UNLAPSED		•
SPECIFIED COPIES ONLY	CERTIFIED (Optional)		<del></del>
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	Il be completed and mailed to the address shown in	item B unless otherwi	Shry uffolos se instructed here):