

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 NOV 14 AM 9:18

MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT
 219-838-1890 2005 000999

B. RETURN TO: (Name and Address)

LYNNE COX, PARALEGAL
 1631 FISHER ST.
 MUNSTER, IN 46321

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME
 OR M.C. TANK LINES

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

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 one 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 one 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:

Shane 11/10/05

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