FORMATION REQUEST					
ADNAME & PHONE OF CONTACT [optional] ADNAME & PHONE OF CONTACT [optional] ADNAME & STATE OF CONTACT [optional] ADNAME & PHONE OF CONTACT [optional] ADNAME & STATE OF CONTACT [optional]			STATE OF INDIF LAKE COUNT FILED FOR REC		OF INDIANA (E COUNTY FOR RECORD
DRETURN TO: (Name and Address)		2005	001003	2005 NOV	14 AH 10: 4
Northwest 9505 Ger	er Chase of Indiana, Inc. nevieve Drive n, IN 46373				EL A. BROWN CORDER
DEBTOR NAME to be searched - insert	only one debtor name (1a or 1b)	do not abbreviate or co		CE IS FOR FILING OFFICE	USE ONLY
1 DETORGANIZATION'S NAME	ite Hobar	+ LLC	i	MIDDLE NAME	SUFFIX
			alexander of		
2c SPECIFIED COPIES ONLY	CERTIFIED (Optional)				
Record Number	Date Record File	d (if required) Type	e of Record and Addition	nal Identifying Information	n (if required)
Record Number	Date Record File	d (if required) Type	of Record and Addition	nal Identifying Information	n (if required)
	Date Record File	d (if required) Type	e of Record and Addition	nal Identifying Information	(if required)
Record Number	Date Record File	d (if required) Type	e of Record and Addition	nal Identifying Information	n (if required)
	Date Record File			al Identifying Information	