FORMATION REQUEST		STATE UF	p(0)5/	
ADNAME & PHONE OF CONTACT [optional] Amy 365-4092 or Karen 365-4864 BORETURN TO: (Name and Address)		FILED FOR RECORD		
CHETORY TO: (Name and Address)	2005 001027 -		PM 3: 35 A. BROWN	
Northwe 9505 G	per Chase of st Indiana, Inc. enevieve Drive hn, IN 46373	RECC	ORDER	
DEBTOR NAME to be searched - ins	ert only <u>one</u> debtor name (1a or 1b) - do not abbrevia		E SPACE IS FOR FILING OFFI	CE USE ONL T
16/10/10/10/10/10/10/10/10/10/10/10/10/10/	FIRST NAME S	telios	MIDDLE NAME	SUFFIX
Select one of the following two op 2bDCOPY REQUEST CER Select one of the following two op 2cDSPECIFIED COPIES ONLY	TIFIED (Optional)	response that is complete	, including filings that have laps	ed() UNLAPSE
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Record Number	Date Record Filed (if required)	Type of Record and Ad	dditional identifying informat	on (if required)
Record Number	Date Record Filed (if required)	Type of Record and Ad	dditional identifying informat	on (if required)
Record Number ADDITIONAL SERVICES:	Date Record Filed (if required)	Type of Record and Ad	No records	
	Date Record Filed (if required)	Type of Record and Ad		
	Date Record Filed (if required)	Type of Record and Ad		
	Date Record Filed (if required)	Type of Record and Ad		
	Date Record Filed (if required)	Thru do	no records	