NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT [optional] B. RETURN TO: (Name and Address) Theridian Title Corporation 746 E. Lincoln Hwy. Schere(Ville, Div 46375	LAKE COUN FILED FOR RE 2005 NOV 23 P MICHAEL A. I RECORD	CORD CORD H 1:38 BROWN DER
L	OVE SPACE IS FOR FILING OFF	ICE USE ONLY
DEBTOR NAME to be searched - insert only ong debtor name (1a or 1b) - do not abbreviate or combine names	P.	
13. ORGANIZATION'S NAME		
Th. INDIVIDUAL'S LAST NAME	MIDDLE NAME	SUFFIX
Kalevski Christopher		
. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include	as a Debtor name the name ident	iffled 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 completely the following two options:	ete, including filings that have laps	od.) TUNLAPS
2b. COPY REQUEST CERTIFIED (Optional)	The state of the s	
Select one of the following two options: ALL UNLAPSED		<u> </u>
2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)		
Record Number Date Record Filed (Minequired) Type of Record and	Additional identifying informat	ion (if required)
		<u>-</u> -
ADDITIONAL SERVICES:		
		<u> </u>
	lo records-	Count
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	lo record s-	Count
	to records-	Count
	lo record s.	Count
	wrecords.	Count
	11/22	Count
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Hem B unless otherwise in	11/22	Count
	11/22	Count