OLLOW INSTRUCTIONS (front and back)	CAREFULLI	or management to	LAKE COUNTY	
A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE	ACCT #	LAKE COUNTY FILED FOR RECOR	D
B. RETURN TO: (Name and Address)	2005 00	1040	2005 NOV 23 PH 1:	39
Meridian Tit	He Cosporation	NO	MICHAEL A. BROW	A.I.
Timeridian Tit 746 E. Scherer	Tille, DN 46	y. 375	RECORDER	TN-
L			HE ABOVE SPACE IS FOR FILING C	FFICE USE ONLY
DEBTOR NAME to be searched - insert of 12. ORGANIZATION'S NAME	only <u>ona</u> debtor name (1a or 1b) - do n	ot abbreviate or combine nam	108 r·	
R 16. INDIVIDUAL'S LAST NAME	F	RST NAME	MIDDLE NAME	SUFFIX
MAGNEY INFORMATION OPTIONS relating to t		Tina		
Select one of the following two option 2b. COPY REQUEST CERTIF Select one of the following two option 2c. SPECIFIED COPIES ONLY	IED (Optional) is: ALL UNL	equest a response that is	complete, including filings that have	apsed.) UNLAF
Record Number	CERTIFIED (Optional) Date Record Filed (If r	Type of Bose	rd and Additional identifying inform	
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	Date Notice of the Control of the Co	7,70011100		
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DELIVERY INSTRUCTIONS (request will be		No	records for	and (22/05