A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	STATE OF INDIAN LAKE COUNTY FILED FOR RECOR	
B. RETURN TO: (Name and Address)		2005 NOV 23 PM 1: 40	
Timeridian Title Corporation + 142 746 E. Lincoln Hay. Scherer Ville, IN 46375		MICHAEL A. BROWN	
JUG E. Scherer	Ville, IN 46375	RECORDER	VVIN
L		BOVE SPACE IS FOR FILING OFFICE	USE ONLY
12. ORGANIZATION'S NAME	t only one debtor name (1a or 1b) - do not abbreviate or combine names	P	
16. INDIVIDUAL'S LAST NAME	SEX VICES FIRST NAME	MIDDLE NAME	SUFFIX
Select one of the following two optic	iFiED (Optional)	olete, including filings that have lapsed.)	UNLAP
Record Number	Data Record Filed (Wrequired) Type of Record an	d Additional identifying information	(H required)
ADDITIONAL SERVICES:			
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ADDITIONAL SERVICES:		Drecords-	Cours