RETURN TO: (Name and Address) WICHAEL A. BROV RECORDER HE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR NAME to be searched - Insert only and debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME HE LUTE A L. P. 1b. REVIDUAL'S LAST NAME INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select aga of the following two options: Select aga of the following two options: ALL UNILAPSED Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) ADDITIONAL SERVICES:	IFORMATION REQUEST BLLOW INSTRUCTIONS (front and back) (. NAME & PHONE OF CONTACT [optional]	TEILING OFFICE ACCT #	FILI	AKE COUNTY ED FOR RECOR
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insert only gog debtor name (1s or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME HR WHTR 1b. NEDVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name Identified in Item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select gas of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSE 2b. COPY REQUEST CERTIFIED (Optional) Select gas of the following two options: ALL UNLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	019-838-1	89- 2005 001045	. 2005 M	OV 28 AM 9:
DEBTOR NAME to be searched - insert only gas debtor name (1s or 1b) - do not abbreviate or combine names 19. ORGANIZATION'S NAME HR WATR L.		· •	MICH	IAEL A. BROW RECORDER
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insert only gag debtor name (1a or 1b) - do not abbreviate or combine names 1s. ORGANIZATION'S NAME HR / WATR A L. F. The INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select gag of the following two options: ALL Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSE 2b. COPY REQUEST CERTIFIED (Optional) Select gag of the following two options: ALL UNLAPSED 2c. SPECIFIED COPIES ONLY Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	•			
1b. INDIVIDUAL'S LAST NAME INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: VALL (Check this box to request a response that is complete, including filings that have tapsed.) UNLAPSE 2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: VALL UNLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)		THE ABOVE SPA	ACE IS FOR FILING OFFIC	E USE ONLY
INFORMATION OPTIONS relating to UCC (filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: CALL (Check this box to request a response that is complete, including filings that have tapsed.) UNLAPSE 2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: CALL UNLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required)	18. ORGANIZATION'S NAME	R / WLTRA L.P.		
2a. SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSE 2b. COPY REQUEST CERTIFIED (Optional) Select one of the following two options: ALL UNLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) WHATHER ON THE PROPERTY OF THE PRO	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	Select one of the following two options	: ALL UNLAPSED		•
		Date Record Filed (if required) Type of Record and Addition	11	(beriupen ii) no
		Date Record Filed (if required) Type of Record and Addition	11	(beriuper fi) fic
		Date Record Filed (if required) Type of Record and Addition	11	(besiupen ii) fic
		Date Record Filed (if required) Type of Record and Addition	11	(if required)

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account if with delivery service, addressee's phone if, etc.)