ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 BORETURN TO: (Name and Address)			LAKE COUNTY FILED FOR RECORD		
RETURN TO: (Name and Address)	2	005 -00105	12 2	005 NOV 29	PH 12: 09
Northwest II 9505 Gene	r Chase of ndiana, Inc. vieve Drive			MICHAEL A RECOF	
L			HE ABOVE SPACE IS	FOR FILING OFFIC	CE USE ONLY
DEBTOR NAME to be searched - insert onl		do not abbreviate or combine nam			
1brindividual's LAST NAME	J APP	LE FIRST NAME	MIDD	LE NAME	SUFFIX
Record Number	Date Record Flied	(if required) Type of Reco	ord and Additional Ide	ntifying Informati	on (if required)
2bDCOPY REQUEST CERTIFIE Select one of the following two options	ED (Optional)	UNLAPSED			
2cd Specified Copies Only	CERTIFIED (Optional)	Example Service			Section .
Record Number	Date Record Filed	(if required) Type of Reco	ord and Additional Ide	ntifying Informati	on (if required)
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