RMATION REQUEST	CAREFULLY	LAKE COUNTY FILED FOR RECORD
W INSTRUCTIONS (front and back) ME & PHONE OF CONTACT [optional] EVE / 219 898 - 57	FILING OFFICE ACCT # 1056	2005 NOV 29 PM 12: 18
TURN TO: (Name and Address)	2000 001000	MICHAEL A, BROWN
TNS/ 145 BAKDE ST.		RECORDER
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MARIUNI OH, 43	302	
	THE ABOV	E SPACE IS FOR FILING OFFICE USE ONLY
BTOR NAME to be searched - insert of ORGANIZATION'S NAME	nly <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names	
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INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUF
ORMATION OPTIONS relating to	, フロトル JCC filings and other notices on file in the filing office that include as	a Debtor name the name identified in item 1:
	IED (Optional)	_
Select one of the following two option		, including filings that have lapsed.) UNL
COPY REQUEST	IED (Optional) s:	
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