

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 NOV 29 PM 2:23

A. NAME & PHONE OF CONTACT (optional) *(262)* FILING OFFICE ACCT #  
*Karen Schapiro 754-2851* 2005 001057

B. RETURN TO: (Name and Address)  
 Karen M. Schapiro, Esq.  
 1/0 DeWitt, Ross + Stevens SC  
 13935 Bishop's Drive, Suite 4300  
 Brookfield, WI. 53005

MICHAEL A. BROWN  
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME *PRODUCTION TOOL CORPORATION and See Below*  
 OR *PRODUCTION TOOL CORPORATION OF WISCONSIN, LLC and*

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2. 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:  ALL (Check this box to request a response that is complete, including filings that have lapsed.)  UNLAPSED

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)

3. ADDITIONAL SERVICES:

*\* and PRODUCTION TOOL COMPANIES LLC*

*Done 11/28/05 18<sup>00</sup>*

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a.  Pick Up  
 4b.  Other

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