

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 NOV 30 AM 10:21

MICHAEL A. BROWN  
RECORDER

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) Rachel Cappuccio <del>681-331-681</del>	FILING OFFICE ACCT # 2005 001060
B. RETURN TO: (Name and Address) Lake County AB Structures 1800 E 23rd AVE. Merrillville In, 46410	

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 Mansard Du Lac, M.H.C. Inc				
OR	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)
		Nothing on file

3. ADDITIONAL SERVICES: I need a copy of all ~~unfiled~~ UCC that are Not Rel. and including Fixture Filings

Done 11/29/05

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

4a.  Pick Up ~~at~~  
4b.  Other Call me at 219-545-5107 when Done. Thank you Rachel  
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.)