

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) <i>Cathy Kleckner</i>	FILING OFFICE ACCT #
BORNE TO: (Name and Address) <i>Property INS 2005 001084 2200 W Main St. Crown Point IN 46307</i>	

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 DEC -6 PM 3:15

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 <i>Merrillville Associates Inc</i>				
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)
<i>9500/430</i>	<i>4-25-95</i>	<i>UCC</i>
<i>9500/431</i>	<i>4-25-95</i>	<i>UCC</i>

3 ADDITIONAL SERVICES:

800

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.)