

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) <b>219-838-1890</b>	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) <b>LYNNE J. COX, PARALEGAL 1631 FISHER ST. MUNSTER, IN 46321</b>	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2005 DEC 14 AM 9:25  
MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RE  
2005 DEC 14 AM  
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 <b>JET VAC INC.</b>	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>nothing on file</i>

**3. ADDITIONAL SERVICES:**

*John 12/13/05*

**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.)