



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 001141

2005 DEC 20 AM 1

MICHAEL A. BROOKS
RECORDER

A. NAME & PHONE OF CONTACT (optional) <i>Debbie 219 757 3866</i>	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307	

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				
OR	1b. INDIVIDUAL'S LAST NAME <i>Reyna</i>	FIRST NAME <i>Rogelio</i>	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>2004-992</i>	<i>10/6/04</i>	<i>UCC Filing</i>

3. ADDITIONAL SERVICES:

7 Copy only if not terminated! If terminated - date of termination filed! or copy of that termination.

Thank you!

Shane 12/19/05

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.)