

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) <i>Holly (219) 662-8200</i>	FILING OFFICE ACCT #
BRETURN TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <i>Indiana Title Network 325 N. Main St. Crown Point, IN 46307 File # 2534695</i> </div>	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 DEC 20 AM 10:43

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

1 ORGANIZATION'S NAME				
OR	1 INDIVIDUAL'S LAST NAME <i>Bucko</i>	FIRST NAME <i>Robert</i>	MIDDLE NAME <i>J</i>	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>2004-804</i>	<i>8-6-04</i>	<i>UCC</i>

3 ADDITIONAL SERVICES:

*John 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.)