FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CAREF NAME & PHONE OF CONTACT [optional]	FULLY 2005 0011 59	STATE OF INDI- LAKE COUNT FILED FOR REC 2005 DEC 27 PM	ORD
RETURN TO: (Name and Address) Norma Haag, Paralegal Baker & Daniels LLP 600 E. 96th Street, Ste 600 Indianapolis, Indiana 46240	TIENS OFFICE ACCT	MICHAEL A. BF RECORDEI	IOWN R
DEBTOR NAME to be southed in a local		THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a. ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbreviate or combine	HIGHIES -	
Indiana Finance Authority 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	North	ing on file	
ADDITIONAL SERVICES:			

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