STATE OF INDIANA	IN THE LAKE SUPERIOR COURT
)	0
COUNTY OF LAKE)	HAMMOND, INDIANA
SIGNATURE DESIGN, INC.)	
Plaintiff)	0
vs.)Cau	00 No 45D01 0410 CC 00200
)	Filed in a
GTA DEVELOPMENTS, and) SCOTT GERARD,)	Filed in Open Court
Individually,	
	MAY 19 2005
CODER TOW	DEFAULT JUDGEMENT
UNDER FULL	CLERK PAKE STATE
Service by Sheriff was rendered or	October 22, 2004. That Defendants have yet to
respond to said Complaint which was files	
respond to said Complaint which was filed	
The Court hereby enters a Default Judgement against Defendants, and Judgment in favor	
Doo	cument 18
of the Plaintiff.	OFFICIAL!
SO ORDERED this D day of ent MAY 19,2005	
	County Recorder!
the Lake	county Accorder.
APPROVE	D: Diane Kavadian Ekneiden
APPROVE	JUDGE, Lake Superior Court
	Job of Superior Court
-	MA OLOGODA ATTOLIC
	MAGISTRATE, Lake Superior Court
Control the Division of the Control	GUDER'S OF
Contact the Plaintiff within ten (10) days from this date and make immediate arrangements to pay this judgement, or you may pay the same to the Clerk of this Court at the address shown above. Judgements may be paid by mail by any of the following methods.	
1. Personal Check certified by your bank	120
2. Money Order 3. Cashier Check	3494
4. Business Check	
The Court's Cause Number and Defendant's name must be clearly written on the face of the check made payable to : Clerk, Small Claims Division.	
Failure to do so will result in further action being taken against you and the possible sale of your property and/or garnishment of your wages in order to satisfy the judgement.	

to thinky the Jungstines.

This notice is provided as a courtesy in you so that you may avoid the foregoing potential consequences of your failure to pay the judgement,

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant