

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 JAN -3 PH 3:47

MICHAEL A. BROWN  
RECORDER

A. NAME & PHONE OF CONTACT (optional) <b>Lena Knezevich</b>	FILING OFFICE CODE <b>2007 000006</b> 626 5242
B. RETURN TO: (Name and Address)  <b>Chicago Title Insurance 2200 North Main Street Crown Point, Indiana, 46307</b>	

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>37 Hotel Munster, LLC</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:

*Thru 1/2/07*

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.)