



**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) *204- Jack Vonkman 757-38866*

FILING OFFICE AGENCY *2007* *000019*

B. RETURN TO: (Name and Address)

**STEWART TITLE SERVICES**  
**Of Northwest Indiana**  
**5521 W. Lincoln Highway**  
**Crown Point, IN 46307**

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2007 JAN 10 AM 10:35  
 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

1a. ORGANIZATION'S NAME

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)
<del>200810265</del>		
<del>200810265</del> 200810265		

3. ADDITIONAL SERVICES:

*Thu 1-9-07*

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 *wait for copy*

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.)