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INFORMATION REQUEST			8		
FOLLOW INSTRUCTIONS (front and back) Co ADNAME & PHONE OF CONTACT (optional)		OFFICE ACCT #			
Amy 365-4082 or Karen 365-4864 BDRETURN TO: (Name and Address)				SIALE	OF INDIANA
BORETURN TO: (Name and Address)		200	200	FILED	E COUNTY FOR RECORD
1.	**	2001	000039	2007 (84)	- NECOKO
The Paper			LOUI JAM	16 PM 1:49	
Northwest Ir 9505 Gene			MICHAEL	A. BROWN	
St. John, I		.]	RECORDER		
		-	THE ABOVE	SPACE IS FOR FILING OFF	ICE USE ONLY
DDEBTOR NAME to be searched - insert only	one debtor name (1a or 1	b) - do not abbrevia		OF AGE IS FOR FIELD OF F	TOT OUT ONLY
1ª CORGANIZATION'S NAME	DAM	RUR	R /30	LLC	
16/1NDIVIDUAL'S LAST NAME		FIRST NAME	(,,)	MIDDLE NAME	SUFFIX
				_	
□NFORMATION OPTIONS relating to UC 28□SEARCH RESPONSE		ces on file in the	filing office that include as a	Debtor name the name iden	tified in item 1:
Select one of the following two options:		box to request a	response that is complete, in	ncluding filings that have lap	sed() UNLAPSE
_	O (Optional)	UNLAPSED			
Select one of the following two options: 2c SPECIFIED COPIES ONLY	CERTIFIED (Optional)	UNLAFSED			
		·			
Record Number	Date Record FI	led (if required)	Type of Record and Add	tional Identifying Informat	ion (if required)
			· .		<u> </u>
ADDITIONAL SERVICES:		<u> </u>			
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			;		
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			•		
	•		Thru dat	e: 1-12-	07
DELIVERY INSTRUCTIONS (request will be con	npleted and mailed to the	address shown in i	tem B unless otherwise instructed	d here):	
4bC Other			40.000		
Specify desired method here (if available	from this office); provide deli-	very information (e/gi)	delivery service's name, addressee's	s account # with delivery service, ad-	dressee'r