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NEODWATION DECUEST			CONTE OF	veres :	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY		STATE OF LAKE C	INUIANA NINTY	
A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT	*	FILED FOR	RECORD	
	0007-00	30	0007 1831 00	04 1 00	
B. RETURN TO: (Name and Address)	SANICION	1/1/2	2007 JAN 23	PM 1:39	
	1 00 300		MOLIANIA	550144	
Meridian Title	CORP. 119		MICHAEL A		
746 E. Lincoln	1 41.14		IILOOF	TOEN	
Schererville,	IN 46310	i			
	,,,,,	THE ABOVE	SPACE IS FOR FIL	ING OFFICE USE O	NLY
1. DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbre			Hara Valida (Hara	
12. ORGANIZATION'S NAME RECICIONES (1) POLICE OF THE PROPERTY OF THE PROPERT	relopment L	10			
OR 16. NOVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME		SUFFIX
2. INFORMATION OPTIONS relating to UCC fli	lings and other notices on file in th	he filing office that include as	a Debtor name the n	ame Identified in ite	n t:
2a. SEARCH RESPONSE CERTIFIED (C					
Select one of the following two options: 2b. COPY REQUEST CERTIFIED (C		l a response that is complete,	including filings that	have lapsed.)	UNLAPS
	pilonal)				
	ALL UNLAPSE	D	· · · · · · · · · · · · · · · · · · ·		
Select one of the following two options:	ALL UNLAPSE	D	<u> </u>		
Select one of the following two options: 2c. SPECIFIED COPIES ONLY CEP	RTIFIED (Optional)				
Select one of the following two options:			ditional Identifying	Information (If requ	ilred)
Select one of the following two options: 2c. SPECIFIED COPIES ONLY CEP	RTIFIED (Optional)		ditional identifying	Information (Frequ	ilred)
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Select one of the following two options: 2c. SPECIFIED COPIES ONLY Record Number 3. ADDITIONAL SERVICES:	Date Record Filed (Kreguire	d) Type of Record and Ad		Thru 1-	alred)
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