

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #  
**219-838-1890**

B. RETURN TO: (Name and Address)  
**LYNNE J. COX, PARADEPT 000079**  
**1631 FISHER ST.**  
**MUNSTER, IN 46321**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2007 JAN 26 AM 9:06  
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**

OR

1a. ORGANIZATION'S NAME **SLITTING SERVICES, INC., AN ILLINOIS CORP.**

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)
		Nothing on file

**3. ADDITIONAL SERVICES:**

*Thru 1-25-07*

**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.)