	Part -	STATE OF INDIANA
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CA	AREFULLY	LAKE COUNTY FILED FOR RECORD
A. NAME & PHONE OF CONTACT [optional] Bridget Duckett	FILZ 0 0 7 0 0 0 0 8 3	2007 JAH 26 PH 3: 20
B. RETURN TO: (Name and Address) HOPPER BLACKWELL, P 111 Monument Circle, Suite Indianapolis, Indiana 46204	452	MICHAEL A. BROWN RECORDER
DEBTOR NAME to be searched - insert only	THE ABO'	VE SPACE IS FOR FILING OFFICE USE ONLY
1a. ORGANIZATION'S NAME		
1b. INDIVIDUAL'S LAST NAME Duttlinger	FIRST NAME William	MIDDLE NAME SUFFIX
2b. COPY REQUEST CERTIFIED Select one of the following two options: 2c. SPECIFIED COPIES ONLY Record Number	ALL UNLAPSED CERTIFIED (Optional)	dditional identifying Information (if required)
3. ADDITIONAL SERVICES:		
		(. A
		Thu 1-25-07
4a. 🔲 Pick Up	repleted and mailed to the address shown in item B unless otherwise instructions.	
4b. Other Mail: Bridget Duckett, HOPPER BLACKWELL PC, 111 Monument Circle # 452, Indianapolis, IN 46204 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.)		