

JAN 31 2007 20:57 FR

STATE OF INDIANA
TO LATA COUNTY
FILED FOR RECORD

P. 01/01

2007 000097

2007 FEB -1 AM 9:08

MICHAEL A. BROWN
RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
CHOICE POINT-EQUIFIX P.O. Box 758 HEbron - Ind 46341	

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
	SHAH	NIRAV	P.	

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:

Shru 1-31-07