NFORMATION REQUEST					
ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Kar BERETURN TO: (Name and Address) The Par Northwes 9505 Ge	per Chase of t Indiana, Inc.	2 Q Q	7 00013	FIL 2007 F	ATE OF INDIANA LAKE COUNTY LED FOR RECORD LEB 16 PM 1: L LAEL A. BROWN RECORDER
St. Joh	n, IN 46373			SPACE IS FOR FILING OFFI	CE USE ONLY
1acorganization's name	0		COMBRO REINOS		
1 / CA	Osier Park	FIRST NAME	imen	MIDDLE NAME	SUFFIX
INFORMATION OPTIONS relating to 2a DSEARCH RESPONSE CERT	o UCC filings and other notice	s on file in the filin	g office that include as a	Debtor name the name ident	ified in item 1:
Select one of the following two opti		ox to request a res	conse that is complete,	ncluding filings that have laps	ed() UNLAPSE
2b COPY REQUEST CERT Select one of the following two opti	IFIED (Optional) ons:	UNLAPSED			
2cDSPECIFIED COPIES ONLY	CERTIFIED (Optional)				
Record Number	Date Record File	d (if required)	pe of Record and Add	litional identifying informat	on (if required)
		WHA.			
			Nothing	on dile	
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ADDITIONAL SERVICES:					
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			Thru da	te: 2/15	07
DDELIVERY INSTRUCTIONS (request wi	t be completed and mailed to the	address shown in item	B unless otherwise instruc	ted here):	
4b□ Other					