

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---|-------------------------------------|
| A. NAME & PHONE OF CONTACT [optional] 219-838-1890 | FILING OFFICE ACCT # 2007 000140 |
| B. RETURN TO: (Name and Address) LYNNE J. COX, PARALEGAL 1631 FISHER ST. MUNSTER, IN 46321 | |

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 FEB 19 AM 9:18

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

| | | | |
|--------------------------------------|---------------------|-------------|--------|
| 1a. ORGANIZATION'S NAME | | | |
| OR | | | |
| 1b. INDIVIDUAL'S LAST NAME RUZICH | FIRST NAME DAVID | 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 <input type="checkbox"/> CERTIFIED (Optional) |
| Select one of the following two options: <input checked="" type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.) <input type="checkbox"/> UNLAPSED |
| 2b. COPY REQUEST <input type="checkbox"/> CERTIFIED (Optional) |
| Select one of the following two options: <input checked="" type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED |
| 2c. SPECIFIED COPIES ONLY <input type="checkbox"/> CERTIFIED (Optional) |

| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---|
| | | Nothing on file |
| | | |
| | | |
| | | |

3. ADDITIONAL SERVICES:

Jan 24-07

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

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|---|
| 4a. <input checked="" type="checkbox"/> Pick Up |
| 4b. <input type="checkbox"/> 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.)