file#2738037-01

ORMATION REQUEST OW INSTRUCTIONS (front and back)	CAREFINLY	LAKE COUNTY FILED FOR RECORD
IAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT	1 42 2007 FEB 20 AH 11: 24
Melissa Bri Indiana Ti	immet the Network	MICHAEL A. BROWN RECORDER
L	only one debtor name (1s or 1b) - do not abbreviat	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
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s. SEARCH RESPONSE CERTIC Select one of the following two option. COPY REQUEST CERTIC Select one of the following two options: SPECIFIED COPIES ONLY Record Number	FIED (Optional) Ins: ALL (Check this box to request a FIED (Optional) Ins: ALL UNLAPSED CERTIFIED (Optional) Date Record Filed (if required)	response that is complete, including filings that have lapsed.) WUNLAP

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 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.)