ORMATION REQUEST OW INSTRUCTIONS (front and back	FILING OFFICE ACCT #	SYATE OF I LAKE CO FILED FOR 2007 FEB 2 I	
Metropolitan T Attn: Judy Wi 7891 Lochlin D Brighton, MI	ce Prive	MICHAEL A. RECOR	BROWN
EBTOR NAME to be searched - inse	THE ABO t only one debtor name (1a or 1b) - do not abbreviate or combine names	VE SPACE IS FOR FILING OFFICE	USE ONLY
1a. ORGANIZATION'S NAME	opping Center, LLC	MIDDLE NAME	SUFFIX
Select one of the following two option	IFIED (Optional) ons: ALL UNLAPSED CERTIFIED (Optional)	te, including filings that have lapsed.	
b. COPY REQUEST CERT Select one of the following two options: c. SPECIFIED COPIES ONLY	FIED (Optional) Ons:	Additional Identifying Information	(if required)
Select one of the following two options: Select one of the following two options: SPECIFIED COPIES ONLY Record Number 2004000285	FIED (Optional) Ons:	Additional Identifying Information	(if required) Taylor Bank
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