ORMATION REQUES OW INSTRUCTIONS (front and b				F	LAKE COUNTILED FOR RE	iki A ITY Coen
IAME & PHONE OF CONTACT (option	nal] Fit	ING OFFICE ACCU	900149		FEB 22 PM	
ETURN TO: (Name and Address)						
Chicago Title Insurance/o Margaret Harris 2200 North Main Stree Crown Point, IN 4630	et			Mi	CHAEL A. BR RECORDER	ROWN
EBTOR NAME to be searched - in a. ORGANIZATION'S NAME	nsert only <u>one</u> debtor name (1	a or 1b) - do not abbreviate		SPACE IS FOR FILI	NG OFFICE USE ON	LY
1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
Horner		Lee				
Select one of the following two ones. SPECIFIED COPIES ONLY		UNLAPSED onal)				
	options: ALL  CERTIFIED (Option					
	CERTIFIED (Option	onal)	Type of Record and Add	ditional Identifying I	Information (if requir	ed)
c. SPECIFIED COPIES ONLY	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
c. SPECIFIED COPIES ONLY	CERTIFIED (Option	onal)	00.41	ditional Identifying I	Information (if requir	ed)
c. SPECIFIED COPIES ONLY	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
c. SPECIFIED COPIES ONLY	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	red)
c. SPECIFIED COPIES ONLY	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)
Record Number	CERTIFIED (Option	onal)	00.41	0)1	Information (if requir	ed)

## Instructions for National Information Request (Form UCC11)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions. Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

When properly completed, send form parts 1 and 2 (labeled Filing Office Copy (1) and (2)), with required fee, to filing office. Always detach Requestor Copy. Filing office may offer additional information options. Contact filing office or use form specially designed by filing office to obtain additional information options. A. To assist filing officers that might wish to communicate with requestor, requestor may provide information in item A. This item is optional.

B. Enter name and address of requestor in item B. This item is NOT optional.

- 1. Debtor name: Enter only one Debtor name in item 1, an organization's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Don't abbreviate.
- 1a. <u>Organization Debtor</u>. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
- 1b. Individual Debtor. "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, first given name in First Name box, and all additional given names in Middle Name box.

For both <u>organization and individual Debtors</u>: Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).

- 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. Please
  note that it is permissible to select an option in 2a and also check an option in 2b. Check the "CERTIFIED (Optional)" box appropriately in items 2a, 2b,
  or 2c.
- 2a. Check appropriate box in item 2a; the box "ALL" if you are requesting a search of all active records, including lapsed fillings, or the box "UNLAPSED" if you are requesting a search of only active records that have not lapsed.
- 2b. Check appropriate box in item 2b to request copies of records appearing on the search response; the box "ALL" if you are requesting copies of all active records, including lapsed fillings, or the box "UNLAPSED" if you are requesting copies of only active records that have not lapsed.
- 2c. Complete item 2c if you are ordering copies of specific records by record number.
- 3. Some filing offices offer service options in addition to those offered in item 2. These may be shown on the face of this form or may otherwise be publicized by the particular filing office. <u>Caution</u>: if any of these additional service options introduces a search criterion (e.g., limiting search to named Debtor at an address in a specified city and state) that narrows the scope of the search, this may result in an incomplete search (that fails to list all filings against the named Debtor) and you may fail to learn information that might be of value to you.
- 4. Delivery Instructions: Unless otherwise instructed, filing office will mail information to the name and address in item B. If information will be picked up from the filing office, check the "Pick Up" box. Contact filing office concerning availability of other delivery options. For other than mail or pick up, check the "Other" box and specify the other delivery method that you are requesting. If requesting delivery service, provide delivery service's name and requestor's account number to bill for delivery charge. Filing office will not deliver by delivery service unless prepaid waybill or account number for billing is provided.

MICHAEL A. BROWN

2007 FEB 22 PM 3: 21

5007 000149

FILED FOR RECORD LAKE COUNTY STATE OF INDIANA