

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #
2007 000152

B RETURN TO: (Name and Address)
Nancy Slater

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 FEB 23 PM 2:50
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
CLM SERVICES

OR 1b INDIVIDUAL'S LAST NAME FIRST NAME 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 CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

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

3 ADDITIONAL SERVICES:

Thu 2-22-07

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

4a Pick Up
4b Other

Specify desired method (if available from this office; provide delivery information (e.g., delivery service name, addressee's account # with delivery service, addressee's phone #, etc.)