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W INSTRUCTIONS (front and back) CARE	FULLY		
my 365-4082 or Karen 36	FILING OFFICE ACCT #		STATE OF INDIVIDUAL
URN TO: (Name and Address)	00 100 1		STATE OF INDICATE LAKE COUNTY FILED FOR RECORD
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Northwest Indi 9505 Genevle	lana, Inc.		MICHAEL A. BROWN RECORDER
St. John, IN			
		THE ABOVE	SPACE IS FOR FILING OFFICE USE ONLY
TOR NAME to be searched - insert only one ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbrevial	te or combine names	
Kong Keit	FIRST NAME		MIDDLE NAME SUFFIX
		hopfa filing office that include as	a Debtor name the name identified in item 1:
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	ALL (Check this box to request a	response that is complete.	including filings that have lapsed() UNLAP
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