



INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 MAR 26 AM 8:30

MICHAEL A. BROWN
RECORDER

| | |
|---|---------------------|
| A. NAME & PHONE OF CONTACT (optional) | FILED OFFICE ACCT # |
| B. RETURN TO: (Name and Address) | 2007 000216 |
| CHOICE POINT P.O. Box 158 HEBRON - IND 46341 | |

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

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

KRETZ

JAME

J

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:

Shu 3-23-07

4. 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's name, addressee's account # with delivery service, addressee's phone #, etc.)