

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 MAR 23 AM 8:30

MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #
2007 000217

B. RETURN TO: (Name and Address)
CHOICE POINT
P.O. BOX 158
HEBRON-IND
46341

2007 000217

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (to or 1b), do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
WONG MARY MARY A

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor names 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:

John 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 here (if available from the client, provide delivery information (e.g., delivery service's name, addressee's personal or work delivery address, phone #, etc.)