NFORMATION REQUEST DLLOW INSTRUCTIONS (front and back) Co. NAME & PHONE OF CONTACT [optional] Barbara J. Robinson (317) 23 B. RETURN TO: (Name and Address)	FILING OFFICE	007 000233		TATE OF INDIANA LAKE COUNTY ILED FOR RECORD MAR 30 PM 1:5
Krieg DeVault LLP One Indiana Square Suite 2800 Indianapolis, Indiana 4620	14-2079			PHAEL A. BROWN RECORDER
L_			PACE IS FOR FILING	OFFICE USE ONLY
DEBTOR NAME to be searched - insert on 1a. ORGANIZATION'S NAME	ily <u>one</u> debtor name (1a or 1b) - do r	not abbreviate or combine names		
R 1-65 Property, a Partnership 1b. INDIVIDUAL'S LAST NAME	F	FIRST NAME	MIDDLE NAME	SUFFIX
Record Number	Date Record Filed (if	required) Type of Record and Addit	ional Identifying Info	rmation (if required)
Record Number	Date Record Filed (if	Type of Record and Addit	ional Identifying Info	rmation (if required)
Record Number	Date Record Filed (if	Auth.	ional Identifying Info	rmation (if required)
	Date Record Filed (if	Auth.	cional Identifying Info	rmation (if required)
	Date Record Filed (if	Auth.	ional Identifying Info	rmation (if required)
ADDITIONAL SERVICES:	Date Record Filed (if	Auth.	ional Identifying Info	rmation (if required)