NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CARE A. NAME & PHONE OF CONTACT [optional] Barbara J. Robinson (317) 238-6 B. RETURN TO: (Name and Address) Krieg DeVault LLP One Indiana Square Suite 2800 Indianapolis, Indiana 46204-20	FILING OFFICE ACCUARD 1235	STATE OF FILED FOR 2007 MAR 30 MICHAEL A RECOR	RECORD PM 1:59
DERTOR NAME to be assessed investigation		ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
1a. ORGANIZATION'S NAME	debtor name (1a or 1b) - do not abbreviate or combine names		
Mason Corporation 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Record Number	Date Record Filed (if required) Type of Record a	and Additional Identifying Informat	tion (if required)
Record Number		1.1.	tion (if required)
Record Number	Date Record Filed (if required) Type of Record a	1.1.	tion (if required)
		1.1.	tion (if required)
Record Number B. ADDITIONAL SERVICES:		1.1.	tion (if required)