

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF ILLINOIS  
LAKE COUNTY  
FILED FOR RECORD

2007 APR -9 AM 10:49

MICHAEL A. BROWN  
RECORDER

A. NAME & PHONE OF CONTACT (optional) \_\_\_\_\_ FILING OFFICE ACCT # \_\_\_\_\_

B. RETURN TO: (Name and Address)

**CHOICE POINT** 2007-000259  
**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 (in as 1b), do not abbreviate or number names

1a. ORGANIZATION'S NAME \_\_\_\_\_

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

**WONG** **MARY** **A**

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 recorded) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---|
|               |                                 | Nothing on file   |
|               |                                 |   |
|               |                                 |   |
|               |                                 |   |

3. ADDITIONAL SERVICES:

5 YR SEARCH

Thru 4-5-07

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Item 5 unless otherwise instructed here):

- 4a.  Pick Up
- 4b.  Other

Specify desired method (mail) if available from the clerk; provide delivery information (e.g., delivery agency's name, addressee's present or old delivery address, telephone phone #, etc.)