				STATE OF	INDIANA
FORMATION REQUES				FILED FO	COUNTY R RECORD
LLOW INSTRUCTIONS (front and NAME & PHONE OF CONTACT [opti		ILING OFFICE ACCU	7000275	2007 APR 1	3 AH II: 05
. RETURN TO: (Name and Address)			2182	MICHAEL	A. BROWN
Benjamin T. Ballou Hodges & Davis, P.C 8700 Broadway Merrillville, IN 46410				RECC	RDER
L		-	THE ABOVE SPACE	IS FOR FILING OFFICE USE	ONLY
DEBTOR NAME to be searched -  1a. ORGANIZATION'S NAME	- insert only <u>one</u> debtor name (	1a or 1b) - do not abbreviate	or combine names		
Peer Cabinet and Count  1b. INDIVIDUAL'S LAST NAME	tertop, Inc.	FIRST NAME	IN IN	MIDDLE NAME	SUFFIX
and the second					
Select one of the following two 2c. SPECIFIED COPIES ONLY	CERTIFIED (Opt		Town of David Additional		
Record Number	Date Reco	ord Filed (if required)	Type of Record and Additional	Identifying Information (if re	quired)
	4 10 25 10 20 20 20 20 20 20 20 20 20 20 20 20 20				
ADDITIONAL SERVICES:	41 22 27				
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ADDITIONAL SERVICES:					2.00
DELIVERY INSTRUCTIONS (reque	est will be completed and maile	ed to the address shown in it	em B unless otherwise instructed here		2-200