

INFORMATION REQUEST
 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2007 APR 19 AM 10:40
 MICHAEL A. BROWN
 RECORDER

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE AGENCY #

B. RETURN TO: (please print) Address

CHOICE POINT
 P.O. BOX 158
 HEBRON-IND
 46341

2007 000281

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME
 WHITE Lodging SERVICE Corp

OR

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

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 **NO COPY**

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if known)	Type of Record and Additional Identifying Information (if required)
		Nothing on file

3. ADDITIONAL SERVICES:

Shue 4-18-07

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 office); provide delivery instructions (e.g., delivery carrier's name, addressee's consent if with delivery person, etc.)