St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DDEBTOR NAME to be searched - insert only goe debtor name (1a or 1b) - do not abbreviate or combine names. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX SUFFIX TO SPECIFIED (Optional) Select goe of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed() UNLAPSED 2cus PECIFIED Copies Only Date Record Filed (if required) Type of Record and Additional identifying Information (if required) Additional identifying Information (if required)	Northwest	FILING OFFICE	19Ke 2007 000297	TATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2007 APR 26 PH I2: 3 MICHAEL A. BROWN RECORDER
DDESTOR NAME to be searched - insert only gas debtor name (1s or 1b) - do not abbreviate or combine names TacDRGANEZATION'S NAME	St. John	, IN 46373		TOD THE INIO OFFICE LISE ONLY
Thru date:		only one debtor name (1a or 1b) - do no		FOR FILING OFFICE USE ONLY
CINFORMATION 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 DSEARCH RESPONSE CERTIFIED (Optional) Select gag of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNIAPSED 2cd SPECIFIED COPIES ONLY CERTIFIED (Optional) Select gag of the following two options: ALL UNIAPSED 2cd SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional identifying information (if required) ADDITIONAL SERVICES: Thru date: USS 07 Thru date: USS 07 CDELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):	1acorganization's NAME	Pental Com.		
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Thru date: <u>ilfs 107</u> DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):				
Thru date: <u>Ulas 107</u>			Nothing on file	
Thru date: <u>Ulas 107</u>			Nothing on file	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):			Nothing on file	
	UADDITIONAL SERVICES:		Nothing on file	
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