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| NFORMATION REQUEST DLLOW INSTRUCTIONS (front and back) CA | REFULLY | STATE OF INDIADA |
| ADMANAME & PHONE OF CONTACT (OPTIONAL) Amy 365-4082 OR Karen 365-4844 PURETURN TO: (Name and Address) 2007 000 3 1 2 | | LAKE COUNTY FILED FOR RECORD |
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| _ | 00012 | 2007 MAY -3 PH 12: 03 |
| The Paper | Chase of | MICHAEL A BROWN |
| Northwest In | | MICHAEL A. BROWN RECORDER |
| 9505 Genev St. John, II | | |
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| DEBTOR NAME to be searched - insert only | THE ABOV | /E SPACE IS FOR FILING OFFICE USE ONLY |
| 19 DORGANIZATION'S NAME | ATTEN INDUSTRI | EC INC |
| 16/INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
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| | Offlings and other notices on file in the filing office that include a | s a Dabtor name the name identified in Item 1: |
| 2aDSEARCH RESPONSE CERTIFIED Select and of the following two options: | O(Optional) ALL (Check this box to request a response that is complete | e. Including filings that have lapsed UNLAPSE |
| 250COPY REQUEST CERTIFIED | | |
| Select one of the following two options: | ALL UNLAPSED | |
| 2cd SPECIFIED COPIES ONLY | CERTIFIED (Optional) | |
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| ADDITIONAL SERVICES: | | |
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| | impleted and mailed to the address shown in item B unless otherwise instr | ucted here): |
| 4e D Pick Up | | CK# 3218 |
| 4bC Other Specify desired mathod begs (if available | from this office); provide delivery internation (egilldelivery service's nerve, address | |
| | PRINTING REQUEST (FORM LICCIA) (REVITS(09/01) | |
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