| FORMATION REQUEST LOW INSTRUCTIONS (front and back) NAME & PHONE OF CONTACT [optional] ETA RETURN TO' (Name and Address) Chicago Title 2200 N Main Street Crown Point, In 46307 | CAREFULLY | 200 FILING OFFICE 626 1858 | 07 000: | 315 | FILED 2007 MAY | OF INDIANA E COUNTY FOR RECORD -4 AM 9: 57 L A. BROWN CORDER |
|---|----------------------------|----------------------------------|---------------------------|-------------------|---------------------------|---|
| L | | | | | ACE IS FOR FILING OFFI | CE USE ONLY |
| DEBTOR NAME to be searched - Internal 1a ORGANIZATION'S NAME Servent Traditions I I C | only <u>ons</u> debtor nan | ne (1a or 1b) - do n | not abbreviate or combine | names | | |
| SweetTraditions LLC 1b, INDIVIDUAL'S LAST NAME | 18.77 | F | RETNAME | | MIDDLE NAME | SUFFIX |
| Select one of the following two options: SPECIFIED COPIES ONLY Record Number | CERTIFIED (C | | APSED Type of R | ecord and Additio | nal identifying informati | on (if roquired) |
| Select one of the following two options: SPECIFIED COPIES ONLY | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | on (if required) |
| Select 202 of the following two options in SPECIFIED COPIES ONLY Record Number 2006 000709 | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | ON (if required) |
| Select one of the following two options: SPECIFIED COPIES ONLY Record Number | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | on (if required) |
| Select 202 of the following two options in SPECIFIED COPIES ONLY Record Number 2006 000709 | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | OT (ifrequired) |
| Select 202 of the following two options in SPECIFIED COPIES ONLY Record Number 2006 000709 | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | on (ifraquired) |
| Select 202 of the following two options in SPECIFIED COPIES ONLY Record Number 2006 000709 | 8: ALL | Optional) | | ecord and Additio | nal identifying informati | OTI (if required) |

Instructions for National Information Request (Form UCC11)

Please type or laser-print this form, Be sure it is completely legible. Read all Instructions. Follow Instructions completely. Fill in form very carefully; metakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filling office use.

When properly completed, send form parts 1 and 2 (labeled Filling Office Copy (1) and (2)), with required fee, to filling office. Always detach Requestor Copy. Filling office may offer additional information options. Contact filling office or use form specially deeligned by filling office to obtain additional information options.

A. To assist filling officers that might wish to communicate with requestor, requestor may provide information in item A. This item is optional.

B. Enler name and address of requestor in Item B. This Item is NOT optional.

- Debtor name: Enter only one Debtor name in item 1, an organization's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Don't abbreviate.
- 1a. Organization Debtor. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
- 1b. Individual Debtor, "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mery Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, (irst given name in First Name box, and all additional

For both organization and individual Debtors; Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).

- Information options relating to UCC fillings and other notices on file in the filling office that include as a Debtor name the name identified in item 1. Please note that it is permissible to select an option in 2a and also check an option in 2b. Check the "CERTIFIED (Optional)" box appropriately in items 2a, 2b,
- 2a. Check appropriate box in item 2a; the box "ALL" if you are requesting a search of all active records, including lapsed fillings, or the box "UNLAPSED" if you are requesting a search of only active records that have not lapsed.
- 2b. Check appropriate box in item 2b to request copies of records appearing on the search response; the box "ALL" if you are requesting copies of all active records, including lapsed filings, or the box "UNLAPSED" if you are requesting copies of only active records that have not lapsed.
- 2c. Complete item 2c if you are ordering copies of specific records by record number.
- Some filling offices offer service options in addition to those offered in item 2. These may be shown on the face of this form or may otherwise be publicized by the particular filling office. Caution: If any of these additional service options introduces a search criterion (e.g., limiting search to named Debtor at an address in a specified city and state) that narrows the scope of the search, this may result in an incomplete search (that fails to list all fillings against the named Debtor) and you may fail to learn information that might be of value to you.
- Delivery instructions: Unless otherwise instructed, filing office will mail information to the name and address in item B. If information will be picked up from the filling office, check the "Pick Up" box. Contact filing office concerning availability of other delivery options. For other than mail or pick up, check the "Other" box and specify the other delivery method that you are requesting. If requesting delivery service, provide delivery service's name and requestor's account number to bill for delivery charge. Filling office will not deliver by delivery service unless prepaid waybill or account number for billing is provided.

RECORDER

SOOTHAY -4 AM 9: 57

FILED FOR RECORD STATE OF HUDANA YTHUOD BYALL

2007 000315