INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864 BORETURN TO: (Name and Address) FILING OFFICE ACCT # 2007 00324		LAKE OF	LAKE COUNTY FILED FOR RECORD 2007 MAY -7 PM 12: 34	
SALE TOTAL TO. (Name and Address)	2007 900324			
Northwest I 9505 Gene	r Chase of ndiana, Inc. evieve Drive IN 46373	MICHAEL A RECOI	A BROWN RDER	
	THE A	BOVE SPACE IS FOR FILING OFFIC	CE USE ONLY	
DEBTOR NAME to be searched - insert or 1scorganization's NAME	one debtor name (1a or 1b) - do not abbreviate or combine names			
OR 15/1NDIVIDUAL'S LAST NAME	Gestalt, LLC	MIDDLE NAME	ISUFFIX	
TO INDIVIDUAL S DAST NAME	THE THE	INDUCE NAME		
2cD SPECIFIED COPIES ONLY Record Number	CERTIFIED (Optional) Date Record Filed (if required) Type of Record at	nd Additional identifying informati	on (if required)	
Record Number	Date Record Filled (if required). Type of Record a	nd Additional Identifying Informati	on (if required)	
	Nothing	on the		
	Nothing	on the		
	Nothing	on tile		
UADDITIONAL SERVICES:	Nothing	on the		
SUADDITIONAL SERVICES:	Nothing	on the		
BUADDITIONAL SERVICES:	Thru	date: 5-4	07	