FORMATION REQUEST LOW INSTRUCTIONS (front and ba NAME & PHONE OF CONTACT (options	Cock) CAREFULLY 2	007 np03	34	FILED FO	OF INDIANA COUNTY OR RECORD
aura Tavitas 219-873-265 RETURN TO: (Name and Address) Horizon Bank Laura Tavitas 502 Franklin Squ Michigan City, I	ıare			MICHAEL , RECO	A. BROWN RDER
DEBTOR NAME to be searched - ins	sert only <u>one</u> debtor name (1a or 1b)	- do not abbreviate or combine r		IS FOR FILING OFFIC	E USE ONLY
The Payday Loan Store of	Indiana, Inc.	FIRST NAME	IM	IDDLE NAME	SUFFIX
10. INDIVIDUAL O LAST IVANIE		FIRST NAME	, , , , , , , , , , , , , , , , , , ,	IDOCE IVANIE	SOLLIN
	otions: ALL	UNLAPSED			
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)	UNLAPSED			- 07
			cord and Additional I	Identifying Informatio	n (if required)
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)	d (if required) Type of Re	cord and Additional I		n (if required)
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)	d (if required) Type of Re	7.		n (if required)
Record Number	CERTIFIED (Optional)	d (if required) Type of Re	7.		n (if required)
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)	d (if required) Type of Re	7.		n (if required)