FOLLOW INSTRUCTIONS (front and back) CARE  A. NAME & PHONE OF CONTACT [optional]  B. RETURNITO: (Name and Address)	FILING OFFICE ACCT #	000350	FILED FOR 2007 MAY 15	
ASK Services; INC 756 N Main Crown Point IN		100	MICHAEL A. RECORI	BROWN
DEBTOR NAME to be searched - neert only on ta. ORGANIZATION'S NAME  OR 16. INDIMOUAL S LAST NAME		iste or combine names	SPACE IS FOR FILING OFFICE	SUFFIX
<ol> <li>INFORMATION OPTIONS relating to UCC f</li> <li>2a. SEARCH RESPONSE CERTIFIED (6)</li> </ol>		e filing office that include as a	Debtor name the name identifie	d in item 1:
Select one of the following two options:	ALL (Check this box to request	a response that is complete, i	ncluding filings that have lapsed	.) UNLAF
Select one of the following two options:  2b. COPY REQUEST CERTIFIED (  Select one of the following two options:	ALL (Check this box to request		ncluding filings that have lapsed	.) UNLAF
Select one of the following two options:  2b. COPY REQUEST	ALL (Check this box to request Optional)  ALL UNLAPSET	0	ncluding filings that have lapsed	
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