

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 MAY 18 PM 12:15

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #
 B. RETURN TO: (Name and Address)
 NATIONAL SERVICE INCORP
 145 BAKE ST
 MARION-IND 43302

2007 000859

MICHAEL A. BROWN
 FIXTURE RECORDER
 FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - Insert only one debtor name (do not list) - do not abbreviate or number names

1a. ORGANIZATION'S NAME
 PJC WEST LLC
 OR
 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in Item 1:

2a. **SEARCH RESPONSES** CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED
 2b. **COPY REQUEST** CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED
 2c. **SPECIFIED COPIES ONLY** CERTIFIED (Optional)

Record Number	Date Record Filed (if returned)	Type of Record and Additional Identifying Information (if required)
		Nothing on file

3. ADDITIONAL SERVICES:

OPEN CASES ONLY COPIES

Shu 517-07

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Item B unless otherwise instructed here):

4a. Pick Up
 4b. Other

Specify dates and times if available from this office; provide delivery information (e.g., delivery carrier's name, addressee's contact info, delivery person, etc.)