

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 MAY 18 PM 12:15

MICHAEL A. BROWN  
RECORDER

A. NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #

2007 000360

B. RETURN TO (Name and Address)

NATIONAL SERVICE INCORP  
145 BOKE ST  
MARION-IND-43302

FIXTURE  
FLING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - Insert only one debtor name (1a or 1b), do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
GARY JET CENTER INC

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 names the person identified in Item 1:

2a. SEARCH RESPONSE  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 | Data Record Filed (if number) | Type of Record and Additional Identifying Information (if required) |
|---------------|-------------------------------|---|
|               |                               |   |
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|               |                               |   |
|               |                               |   |
|               |                               |   |

3. ADDITIONAL SERVICES:

OPEN CASE'S ONLY COPIES

June 5-17-07

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 desired record type (if available from the office), provide delivery information (e.g., delivery service's name, addressee's account # with delivery person, zip code, telephone number, etc.)