

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

2007 000361

B. RETURN TO: (Name and Address)

NATIONAL SERVICE INCORP  
145 BAKE ST  
MARION OHIO 43302

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 MAY 18 PM 12:15

FIXTURE F. LIVING  
MICHAEL A. BROWN  
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (to or 12), do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME *DAVIS* FIRST NAME *WILL* 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 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	Date Record Filed (if known)	Type of Record and Additional Identifying Information (if known)
		Nothing on file

3. ADDITIONAL SERVICES:

*OPEN CASE'S ONLY COPIES*

*Done 5-17-07*

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address chosen in Item 5 unless otherwise instructed here):

- 4a.  Pick Up
- 4b.  Other

Specify desired method (if available from the filing office) provide delivery information (e.g., delivery service's name, addressee's contact info, delivery point, etc.) Attach photos, etc.