| | | | | STATE | OF DOUGHS |
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| NFORMATION REQUEST | | | | STATE OF INDIAL'A LAKE COUNTY FILED FOR RECORD | |
| OLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | | |
| NAME & PHONE OF CONTACT (optional) Glenn R. Patterson 219-769-3 | | FEEGOT#/ () () | 10372 | 2007 HAY | 21 PM 2:4 |
| . RETURN TO: (Name and Address) | | | | MICHAE | L A. BROWN |
| Glenn R. Patterson | | | | RE | CORDER |
| Easton Court 300 East 90th Drive | | | | | |
| Merrillville, IN 46410 | | | | | |
| | | | | | |
| DEBTOR MANEA - based of the second of the se | | | | IS FOR FILING OFFICE | USE ONLY |
| DEBTOR NAME to be searched - inse 1a. ORGANIZATION'S NAME | rt only <u>one</u> debtor name (1a or 1) | o) - do not abbreviate or combin | ne names | | |
| Woodmar Food Mart, Inc | 50-2-2-3 | FIRST NAME | IN | IDDLE NAME | SUFFIX |
| 15. HOLVIDORE O DIGITATION | | | | | 1000 |
| INFORMATION OPTIONS relating t | o UCC filings and other notice | es on file in the filing office | that include as a Debtor | name the name identifie | ed in item 1: |
| | TIFIED (Optional) | | | | |
| Select one of the following two opti | TIFIED (Optional) | box to request a response | that is complete, including | g filings that have lapsed | .) UNLAPSED |
| Select one of the following two opti | | TUNLAPSED | | | |
| 2c. SPECIFIED COPIES ONLY | CERTIFIED (Optional) | | | | |
| | | | | | |
| Record Number | Date Record Fil | Date Record Filed (if required) Type of Record and Addition | | Identifying Information | (if required) |
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| | | 256 | 0. | | |
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| ADDITIONAL SERVICES: | | | | | |
| O .10 | ınd. | | | | |
| Certify search if nothing for | | | | | |
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| Certify search if nothing for | | | | 9 | |
| Certify search if nothing for | | | | Thru 5. | -18-07 |
| Certify search if nothing for | I be completed and mailed to the | address shown in item B unle | ss otherwise instructed here) | | -18-07 |
| | I be completed and mailed to the | address shown in item B unle | ss otherwise instructed here) | | -18-07 |