OW INSTRUCTIONS (front and ba AME & PHONE OF CONTACT (options	FILING OFFICE ACCT #		LAKE COUNTY FILED FOR RECORD
TURN TO: (Name and Address)	zen 365.4864 2007 00	0379	2007 MAY 23 PM 12: 38
Northwe 9505 G	per Chase of st Indiana, Inc. enevieve Drive hn, IN 46373		MICHAEL A. BROWN RECORDER
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE ONLY
	ert only one debtor name (1a or 1b) - do not abbreviate or		TOTAL OF THE OFFICE OF STATE
EDRIGANIZATION'S NAME	e Material Sale	SInc	
INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFF
ORMATION OPTIONS misting	to UCC filings and other notices on file in the filin	a office that include as a Date	tor name the name identified in item 4.
	TIFIED (Optional)	y onice that include as a Deb	nor name the name identified in item 1:
Select one of the following two op	tions: ALL (Check this box to request a res	ponse that is complete, include	ding filings that have lapsed() UNLA
COPY REQUEST CER	TIFIED (Optional)		
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