

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) <i>Amy (219) 662-455</i>	FILING OFFICE ACCT # 2007-000392
BRETURN TO: (Name and Address) <i>Indiana Title Network</i>	

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
June 1
2007 ~~11:00~~ AM 10:40
MICHAEL A. BROWN
RECORDER

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

OR

1b INDIVIDUAL'S LAST NAME <i>Johnson</i>	FIRST NAME <i>Patricia</i>	MIDDLE NAME	SUFFIX
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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 required)	Type of Record and Additional Identifying Information (if required)
<i>2002-397</i>	<i>9-24-02</i>	<i>(01-1471 Termination)</i>

3 ADDITIONAL SERVICES:

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 method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)