

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

22564407

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN -6 AM 9:53

MICHAEL A. BROWN
RECORDER

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

B. RETURN TO: (Name and Address)

2007 000406

Meridian Title Corp.
746 E. Lincoln Hwy.
Schererville, IN 46375

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
Woodland Child Development Center

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 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)
		Nothing

3. ADDITIONAL SERVICES:

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Then 6/5/2007

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.)