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INFORMATION REQUEST					
FOLLOW INSTRUCTIONS (front and back) CAREF				STATE OF HOUR	
ADNAME & PHONE OF CONTACT [optional]	FILING OFFICE	ACCT#		LAKE COUNT LAKE COUNT FILED FOR RECO	Y
Amy 365-4082 OR Karen 36 BORETURN TO: (Name and Address)	2007	0001		FILED FOR RECO	ÍRU
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Northwest India	<b>.</b> .		RECORDER	4.41.A	
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	<u>.</u>			E IS FOR FILING OFFI	CE USE ONLY
1□DEBTOR NAME to be searched - insert only one of	lebtor name (1a or 1b) - do no	t abbreviate or combine na	ames		
	ETE ?	EXCAVA	TING	INC	
OR 16/1NDIVIDUAL'S LAST NAME		RST NAME		MIDDLE NAME	SUFFIX
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2 INFORMATION OPTIONS relating to UCC filing		le in the filing office th	at include as a Deb	tor name the name ident	ified in item 1:
2a SEARCH RESPONSE CERTIFIED (Op Select one of the following two options:	tional) ALL (Check this box to re	equest a response that	is complete inclus	ling filings that have lane	ed I UNLAPSED
2bDCOPY REQUEST CERTIFIED (Or		equest a response ula	is complete, includ	mild minds mar nave labs	DONEAFGED
Select one of the following two options:		APSED			
2c SPECIFIED COPIES ONLY CER	TIFIED (Optional)				
D. and Marshar	5 - 5		11.00	and the same of	K-K-19
Record Number	Date Record Filed (if re	equired) Type of Re	cord and Addition	al identifying informat	ION (if required)
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3UADDITIONAL SERVICES:					
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upaat	e from	, ,			
update from 1-28-07  (if a continuation/amend etc  was filed after 1-28-07 please  include original & related uccs  with it)					
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		Thr	ru date	: 6-11-	
4DDELIVERY INSTRUCTIONS (request will be completed)	ted and mailed to the address	shown in item R unless	therwise instructed be	re).	1
4a□ Pick Up	mailed in the addless	Comment of Guilless (	maducuru ne		3254
4bc Other					アンゴ
Specify desired method here (if available from	this office); provide delivery infor	mation (e@@delivery service)	s name, addressee's ac	count # with delivery service, a	ddressee's phone #, etc()