FORMATION REQUEST LLOW INSTRUCTIONS (front and be DINAME & PHONE OF CONTACT (options Amy 365-4082 OR Ka	ack) CAREFULLY  al] FILING OFFICE A	ACCT#	FILED	OF INUIANA RECOUNTY FOR RECORD 4 15 PM 2: 21
DRETURN TO: (Name and Address)		000437	1404	AFL A BROWN
Northwe 9505 G	aper Chase of est Indiana, Inc. enevieve Drive ohn, IN 46373			RECORDER
1ª CORGANIZATION'S NAME	Sert only one debtor name (12 or 1b) - do not	EMAGE	GROUP	INC
16/THIDIVIDUAL'S LAST NAME	FIR	ST NAME	MIDDLE NAM	SUFFIX
Record Number	Date Record Filed (if re	quired) Type of Record a	nd Additional identifyin	g Information (if required)
		1 1 2 1 2 2 2 2 2 2		
		Nothen	gon file	
DDITIONAL SERVICES:		Nothen	zon file	
ADDITIONAL SERVICES;		Nothen	zon file	
ADDITIONAL SERVICES:		Thru	date:	4-14-07