LLOW INSTRUCTIONS (front and back) NAME & PHONE OF CONTACT [optional]	CAREFULLY 237/L		LAKE	COHNITY
Meridian Ti	He CORD. 00	16442		OR RECORD 9 AM 9: 09
746 E. Line	oln Hwy. e, IN 46315		MICHAEL RECO	A. BROWN DRDER
	nly pna debtor name (1a or 1b) - do not abbreviate	THE ABOVE		G OFFICE USE ONLY
12. ORGANIZATION'S NAME	nly one debtor name (18 or 10) - do not appreviate	e or combine names		
16. INDIVIDUAL'S LAST NAME MILAN	FIRST NAME	RYANN	MIDDLE NAME	SUFFIX
NFORMATION OPTIONS relating to L	JCC filings and other notices on file in the f	lling office that include as a	Debtor name the nam	e Identified in Item 1:
	ED (Optional) s: ALL (Check this box to request a r	esponse that is complete, i	ncluding filings that ha	ive lapsed.) UNLAF
b. COPY REQUEST CERTIFI	ED (Optional)			TO TO TO TO
Select one of the following two options	UNLAPSED			
C SPECIFIED COPIES ONLY	CERTIFIED (Ontional)			
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (If required)	Type of Record and Add	itional identifying in	formation (If required)
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