	4			,
INFORMATION REQUEST	m - 2 2 0	. W . A	* * * * * *	
A. NAME & PHONE OF CONTACT [optional]		<u> </u>	LAKE COU FILED FOR RE	AALAA NTV
A. INAME & PHONE OF CONTACT TOPHONAL	FILING OFFICE ACCI #	1	FILED FOR RE	Ecoro
B. RETURN TO: (Name and Address)	2007 001	0443		
	-11 / 2007 001	1443	2007 JUN 19 A	11 9: 09
Meridian	itte CORP.	1	MICHAEL A. B	COLAMI
211 51	10 1600		RECORDE	EB HOAM
196 E. LIN	coln Hwy. He, IN 46315			-1 1
Scherervi	le IN 46315			
	,40,5_	THE ABOVE S	PACE IS FOR FILING OFF	ICE USE ONLY
	only one debtor name (1a or 1b) - do not abbraviate		P.	
TRANKORP Trus	t Co. as Trustee of T	Trust A-286	7	
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
		<u> </u>		
·	UCC filings and other notices on file in the fill	ng office that include as a D	abtor name the name ident	Med in Item 1:
_	FIED (Optional) ns: ALL (Check this box to request a re-	sponse that is complete. Inc	luding filings that have lans	ed.) TUNLAPSE
2b. COPY REQUEST CERTI	FIED (Optional)		in in its	out of the state of
Select one of the following two option				
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (Hrequired)	Type of Record and Addition	onal identifying informat	ion (if required)
			71	
		Nothing on	Ville	
		1		
. ADDITIONAL SERVICES:				
			c	ſ
			ψ .	100/20
			thun 6	[8/ 07
. DELIVERY INSTRUCTIONS (request will t	se completed and mailed to the address shown in iter	n B unless otherwise instructed		1
4a. 🔲 Pick Up				
4b. Other	stable from this office); provide delivery information (e.g., de	Name anaco's prome addresses	poonured of burdle designed a sensor and	director's phone # atm 1
Specify desired method bere (if ava	нава поля изв опказ, ромов облужу плотпывой (в.д., об	MINELY MOTIVOS & FIRSTIO, 200/094566 S.	ACCOUNT A MINI MOSVOTA POLICE PE	nimero e pratito 7, Dia.)