NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT (optional) Any 365-4082 or Karen 365-4864 BDRETURN TO: (Name and Address)					LAKE COUNTY FILED FOR RECORD 2007 JUN 21 PM 2: 0	
The Pap Northwes 9505 Ge St. Joh	200	7 000456		MICHAEL A. BROWN RECORDER		
DEBTOR NAME to be searched - inse	ert only one debtor name (1a or 1b) -	do not abbreviat		PACE IS FOR	FILING OFFICE U	SE ONLY
1aCORGANIZATION'S NAME						· · · ·
16/TINDIVIDUAL'S LAST NAME	201115	FIRST NAME	PRUCE	MIDDLE NA	ME	SUFFIX
TETTEL	BAUM		BRUCE			
Select one of the following two options of the following two options of the following two options SPECIFIED COPIES ONLY	TIFIED (Optional)	UNLAPSED	response that is complete, inc	cluding filings t	het have lapsedly	UNLAPS
Record Number	Date Record Filed	d (if required)	Type of Record and Addit	ional Identifvi	ng Information (i	f required)
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Specify desired method here (if available from this office); provide delivery information (etg@delivery service's name, addressee's account # with delivery service, addressee's phone #, etc@