INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE A. NAME & PHONE OF CONTACT [optional] B. RETURN TO: (Name and Address) Meridian Title	FILING OFFICE ACCT &	907 000481	LAKE COUNTY ILED FOR RECORD 2007 JUL -2 AM IO: 33 MICHAEL A. BROWN RECORDER
1. DEBTOR NAME to be sourched - insert only DIA THE ORGANIZATION'S NAME OR The PROVIDUAL'S LAST NAME	<u></u> _	e or combine names	IS FOR FILING OFFICE USE ONLY
2. INFORMATION OPTIONS relating to UCC fill 2a. SEARCH RESPONSE CERTIFIED (O Select one of the following two options: 2b. COPY REQUEST CERTIFIED (O Select one of the following two options: 2c. SPECIFIED COPIES ONLY	ptional) ALL (Check this box to request a ptional)		
Record Number	Date Record Filed (Hrequired)	Type of Record and Additional	Identifying Information (If required)
3. ADDITIONAL SERVICES:			
4. DELIVERY INSTRUCTIONS (request will be completed) 4a. Pick Up 4b. Other	eted and mailed to the address shown in	itom B unless otherwise Instructed here):	:

REQUESTOR COPY — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)

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