INFORMATION REQUEST State Form 55241 (4-13) Update only 10-24-13 and nower 2014 000471 FOLLOW INSTRUCTIONS.

2a. SEARCH RESPONSE CERTIFIED (Optional)

STATE OF INCLANA
LAWARENERS

2014 NOTE - 5 11 1: 1:

MICHAEL B. BROVE RECORDER

SUFFIX

		THE LOCAL PROPERTY.
A NAME & PHONE OF CONTACT AT FILER (optional) ANALL (219) 779-1577	FILING OFFICE ACCT#	RECORDER
B. E-MAIL CONTACT AT FILER (optional)	İ	•
C. RETURN TO: (Name and Address)		
Tkeins Title	7	
		•
Search		
1	• 11	
1		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.
DEBTOR'S NAME to be searched: Provide only pne Debtor na	ame (1a or 1b) (Use exact, full name; do:	not omit, modify, or abbreviate any part of the Deblor's name.)
1a Organization's Name		
16. INDIVIDUAL'S SURNAME		
Heterman	•	

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1:

Select one of the following two options:	ALL (Check this box to request a	response that is complete, including filings that have lapsed.)	UNLAPSE
26. COPY REQUEST CERTIFIED (Op			1
Select one of the following two options:	JALL TUNLAPSED		
2c. SPECIFIED COPIES ONLY CERT	TIFIED (Optional)		
	., .		
Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information	(if required)
·			· · · · · · · · · · · · · · · · · · ·

3, ADDITIONAL SERVICES:

THUR NOV 4-2014

nothing on Fulo

4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in florn Cembes otherwise instructed here.):		
4a. Pick Up 4b. Other	CK# 1444	
Specify desired method here (if available from this office); provided elivery information (e.g., delivery service's manne, addressee's account # with delivery service, addressee's phone if, etc.)		