



INFORMATION REQUEST
State Form 55241 (4-13)

STATE OF INDIANA
LAKE COUNTY
FILED

2014 000489

2014 NOV 19 AM 9:07

MICHAEL B. BROWN
RECORDER

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) Lynne Cox	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional) legallynne@gmail.com	
C. RETURN TO: (Name and Address) LYNNE J. COX, Paralegal 1631 Fisher Street Munster, IN 46321 (Bus) 219-838-1890 (Cell) 708-567-1540	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1. DEBTOR'S NAME to be searched: Provide only one Debtor name (1a or 1b) (Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name.)

1a. ORGANIZATION'S NAME
CHICAGO PLATE PRODUCTS

OR

1b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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:

2a. SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:
THUR 11-17-2014

Nothing on file

4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in Item C unless otherwise instructed here.):

4a. Pick Up

4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

CHK# 1460