



INFORMATION REQUEST
State Form 55241 (4-13)

STATE OF INDIANA
LABORATORY
FILED
2014 NOV 19 10:30 AM
MICHAEL B. BROWN
RECORDER

FOLLOW INSTRUCTIONS.

2014 000490

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.)

OR

1a. ORGANIZATION'S NAME **AMG RESOURCES CORPORATION**

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** **2003-000409 F.S**
2007-00084 A
2010-000379 A
2012-000023 A
2013-000023 A

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.) **Cyff 1460**