

STATE OF HOSANA LAKE THE STATE OF THE STATE

FOLLOW INSTRUCTIONS.

2014 000491

2014 MCM 10 AP 9 E MICHAEL B. BROWN

A NAME & PHONE OF CONTACT AT FILER  AMU (219) 779-1577	(optional) FILING OFFICE ACCT	RECORDER RECORDER
AMU (219) TYG-1577 B. E-MAIL CONTACT AT FILER (optional)		
B. E-WAIL CONTACT AT PILER (optional)		·
C. RETURN TO: (Name and Address)		
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Kevins Titl	Q.	1
Scannin	~	
a and i		
1. DEBTOR'S NAME to be searched: Provide and	(pps Dables page 15 a set b) (it is a second fill)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.  me; do not omit, modify, or abbreviate any part of the Debtor's name.)
12 ORGANIZATION'S NAME	DIE DEDIG Hallis (180) 19)(Ose exact, full has	me; do not omit, modify, or abbreviate any part of the Debtor's name.)
- Planet Hain	mond lic	
OR 15. INDIVIDUAL'S SURNAME	<u> </u>	
	•	
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFLX
2. INFORMATION OPTIONS relating to UCC i	filings and other notices on file in the f	iling office that include the Debtor name identified in Item 1:
2a. SEARCH RESPONSE CERTIFIED (C	Optional)	
		esponse that is complate, including fillings that have lapsed.) UNLAPSE
2b. COPY REQUEST CERTIFIED (C		•
	TALL UNLAPSED	
ZC. SPECIFIED COPIES ONLY CER	RTIFIED (Optional)	
Record Number	In the Property of the Control of th	
·	Date Record Filed (in required)	ype of Record and Additional Identifying Information (if required)
		,
3. ADDITIONAL SERVICES:	·	
Tran 11-17-20	214	
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	Midh	g on File.
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DELIVERY INSTRUCTIONS (Request will be completed at	nd mailed to the address shown in Item C unle	ss otherwise instructed here.):
4a. Plok Up		Col IL I Will
4b. Other		CK#1446
- Annual result on these configuration for the	omcer; provide delivery information (e.g., delik	rery service's name, addressed a spount #with delivery service, addressed a phone #, etc.) Indemnational Association of Commercial Administrators (IACA)