



**INFORMATION REQUEST**  
State Form 55241 (4-13)

2014 000493

STATE OF INDIANA  
LAW ENFORCEMENT  
FILING OFFICE

2014 NOV 19 10:11:47

MICHAEL B. BROWN  
RECORDER

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) Adam M. Sworden (219) 663-5600	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional) asworden@austgenlaw.com	
C. RETURN TO: (Name and Address)  Austgen Kuiper Jasaitis P.C. Attn: Adam M. Sworden 130 N. Main Street Crown Point IN 46307	

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  
R.S.G. Corporation

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:  
Tax 11-18-2014

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 CASH

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.)