



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

2014 000494

STATE OF INDIANA  
LAW OFFICE  
FILED

2014 NOV 19 5:10 PM

MICHAEL D. BROWN  
RECORDER

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional)	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address)	
Rita Sarver 246-8468	

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 G4 Hospitality Property, LLC	
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:**

TUR 11-18-2014

10/29/12 F.S 2012-000512  
12/20/2013 Amendment 2013-000494

**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.)

CASH \$10.00

International Association of Commercial Administrators (IACA)