

STATE OF INGIANA LAKE PERSONAL FILES

2014 How 18 8 2 50 mm

MICHAEL B. BROWN . RECORDER

FOLLOW INSTRUCTIONS.

B. E-MAIL CONTACT AT FILER (optiminal) C. RETURN TO: (Name and Address) FILE S J NET	A. NAME & PHONE OF CONTACT AT FILER (option	onal) FILING OFFICE ACCT #			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. 1. DEBTOR'S NAME to be scarched: Provide only one Debtor name (I see 1 b) (Use exect, full name, do not don't, modify, or abbreviate any part of the Debtor's name.) 10. R 15. ADDITIONAL SAUGHTONS INVAF INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(5) 2. INFORMATION OPTIONS relating to UCC filings and other netices on file in the filing office that include the Debtor name identified in Item 1: 2a. SEARCH RESPONSE CERTIFIED (Optional) Scient and of the following two options: ALL Check this box to request a response that is complete, Including filings that have lapsed.) UNILAPSED 2b. COPY REQUEST CERTIFIED (Optional) Record Number Date Record Filed (If required) Type of Record and Additional Identifying Information (If required) 2 ADDITIONAL SERVICES: 10/29/12	B. E-MAIL CONTACT AT FILER (optional)				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. 1. DEBTOR'S NAME to bo searched: Previdency page Debtor name (tack 1b) (Unnewest, full name, donotom), modify, or abbreviate any pact of the Debtor's name.) 10. ROPANIZATION'S NAME INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) 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: 23. SEARCH RESPONSE CERTIFIED (Optional) 25. COPY REQUEST CERTIFIED (Optional) 26. COPY REQUEST CERTIFIED (Optional) 26. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (If required) Type of Record and Additional Identifying Information (If required) 3. ADDITIONAL SERVICES: 10/29/12 F.S 2013-2000	<u></u>	٦			
1. DEBTOR'S NAME to be searched: Previdency can Debter name (1a or 1b) (Une exact, full name, do not one), an abbreviate any part of the Debter's name.] To ANDARDATION S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME (Sylinitrial(S)) 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.) UNIAPSED 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:	શ્રમાર ૭ માહ ર્				T ONLY
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INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX	10 OPGANIZATION'S NAME (1) (2) (3) (4)	y Property, LL	C		
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3. ADDITIONAL SERVICES: 10/29/12 F.S 2012-2000	2a. SEARCH RESPONSE CERTIFIED (O. Select one of the following two options: 2b. COPY REQUEST CERTIFIED (O. Select one of the following two options:	ptional) ALL (Check this box to request a res ptignal) ALL UNLAPSED			UNLAPSED
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4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in item Cunkess otherwise instructed here.):		eted and mailed to the address shown in item C	uniass otherwise instructed here.):		
4a. Pick Up 4b. Other Specify desired method here (if available from this ciffice); provide delivery information (e.g., delivery service's name, addressee's account #with delivery service, addressee's phone #, etc.	4b. Other		deliver agains's name address nales	CASH	# 10-00