

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) <i>Anacla</i>	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address) <i>Asic Services</i>	
GINA PIMENTEL RECORDER 2022-012828 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 12:27 PM 2022 Apr 12	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.	

1. DEBTOR'S NAME to be satisfied: 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	
1b. INDIVIDUAL'S SURNAME <i>Brock</i>	
INDIVIDUAL'S FIRST PERSONAL NAME <i>James</i>	
INDIVIDUAL'S ADDITIONAL NAME(S) (INITIALS)	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:

Nothing on file as of 10/31/22.

cash

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

email expressretrieval@aol.com \$25.00

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, telephone account # with delivery service, addressee's phone #, etc.).