

# NOT AN OFFICIAL DOCUMENT



## INFORMATION REQUEST State Form 65241 (4-13)

*Boke*

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) <i>Angela</i>	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address) <i>Asic Services</i>	

**GINA PIMENTEL  
RECORDER**  
**2022-012829**  
 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 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.)

OR

1a. ORGANIZATION'S NAME

1b. INDIVIDUAL'S SURNAME  
*Bowyer*

INDIVIDUAL'S FIRST PERSONAL NAME  
*Samantha*

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 12/31/20*

*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 *AAA express retrieval@aol.com* *\$2500*

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