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NAME & PHONE OF CONTACT AT FILER (optional)				
_isa Koci ∂216-813-3878		20130503001	2	
SEND ACKNOWLEDGMENT TO: (Name and Address)		agit County Auditor	\$72.00	
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KeyBank National Association		i/3/2013 Page 1 of	1 8:40AM	
4910 Tiedeman Road				
Brooklyn, OH 44144				
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NAME OF SECURED PARTY OF RECORD AUTHO     adds collateral or adds the authorizing Debtor, or if this is a Te			
9a. ORGANIZATION'S NAME  KeyBank National Association			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIODLE NAME	SUFFIX
10 OPTIONAL FILER REFERENCE DATA	<del></del>	<del></del>	

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