				STATE OF MUTAL
				LAKE COUNTY FILED FOR RECOR.
		•		FILED FOR RECOR.
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY	2005	000029	2005 JAN 12 AM 11: 36
ADNAME & PHONE OF CONTACT [optional]	FILING OFF	ICE ACCT #	٦	i doloveni o
Amy 365-4082 OR Karen 36 BORETURN TO: (Name and Address)	5.4864		-	MICHAEL A BROWN REJUSTION
Г		-		Service Manager
The Paper C Northwest Indi 9505 Genevler St. John, IN	ana, Inc. ve Drive			
			THE ABOVE S	SPACE IS FOR FILING OFFICE USE ONLY
10DEBTOR NAME to be searched - Insert only one				
Franklin	Food Mar	+ 29	Franklin St	Porter IN
OR THURNDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX
-20NFORMATION OPTIONS relating to UCC fi	lings and other notices	on file in the fi	ling office that include as a	Debtor name the name identified in item 1:
200 SEARCH RESPONSE CERTIFIED (C				
		to request a m	sponse that is complete, in	coluding filings that have lapsedD UNLAPSED
2bBCOPY REQUEST CERTIFIED (C Select one of the following two options:	<u>. </u>	JNLAPSED		
	RTIFIED (Optional)			
				<u></u>
Record Number	Date Record Filed	(berluper li)	Type of Record and Add	tional identifying information (if required)
	 			
, , , , , , , , , , , , , , , , , , ,				-
	~	·····		
3LIADDITIONAL SERVICES:				
				•
	•		Thru da	te: 1-11-05
4DDELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the ad	ldress shown in i	em B unless otherwise instruct	ad here):
4aD Pick Up				
4bt Other		174	della consideration and the second	
Specify desired instruct their (if available tro	m this office); provide deliver	y information (6@C	CONVERY SERVICE'S RAMID, MICHOSSE	o's account # with delivery service, addressee's phone #, etc()