230-6 000 000			
			STATE OF NULF 4.
			LAKE COUNTY
INFORMATION REQUEST			FILED FOR RECORT
FOLLOW INSTRUCTIONS (front and back) CARE		mh o r o	2005 1111 20 11110 06
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 or Karen 36	5:4864 FILIDO OF FICE ACCION	0 <b>0</b> 040	2005 JAN 20 AM 10: 06
BORETURN TO: (Name and Address)		-	
_	-		MICHAEL 4 PROWN
ł '		1	Fig. 1.
The Paper C	hase of		
Northwest Indiana, Inc.			
9505 Genevle			
St. John, IN	403/3		
-	<del>-</del>	THE ABOVE SPAC	E IS FOR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbrevia	te or combine names	
1 BORGANIZATION'S NAME	ad Toduck	ial Sarvice	Toc
OR THEINDIVIDUAL'S LAST NAME	ech Industr		MIDDLE NAME SUFFIX
TENNUSVIDUAL'S DAST NAME	PWOTINA	•	MULLICE NAME
-2dNFORMATION OPTIONS relating to UCC fi	lings and other notices on file in the	filling office that include as a Dobt	or name the name identified in item 1:
28DSEARCH RESPONSE CERTIFIED (C		THE OTHER HIGH BUILD SE STEEL	, .
	ALL (Check this box to request a	response that is complete, includi	ing filings that have tapsed 🔲 UNLAPSED
25DCOPY REQUEST CERTIFIED (C	optional)		
Select one of the following two options:	ALL UNLAPSED		
2cd Specified copies only	RTIFIED (Optional)		
5	Data Basant Floriday	T	
Record Number	Date Record Filed (If required)	Type of Record and Additional	al identifying information (if required)
		<del></del>	10
		Nothing on	file
		()	/
		<u> </u>	
BUADDITIONAL SERVICES:			
	•		
		•	
1 1 1-19-nC			
	Thru date: 1-19-05		
ADDELINEDVINETBUCTIONS	to I and a set of the set		
40DELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the address shown in	item B unless otherwise instructed her	D):
4bC Other			
<b>—</b>	m this office); provide delivery information (eff	Odelivery service's name, addressants were	DUR # with delivery service, addressed's phone #, etc()
	p	,,	CONTRACT PRINTED FOR VICE AND TRACE OF THE PRINTED IN CONTRACT OF THE PRINT