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INFORMATION REQUEST				ENTE COUNT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			_	FILED FOR RECORD		
Amy 365-4082 OR Karen 365.4864 7 1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1054	2005 JAN 24 4	M IO: 55	
BOXETONIA TO: (Hallie and Address)		_	-		MIC AFT 1 SPOWN	
The Paper Chase of		1	All No.	:		
Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373						
<u> </u>			THE ABO	VE SPACE IS FOR FILING OFF	ICE USE ONLY	
1□DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names						
OR TISTINDIVIDUAL'S LAST NAME	-Boy	SHO	WCASE	SHOPPES	SUFFIX	
2bDCOPY REQUEST CERTIFIED (Op Select one of the following two options:	ALL (Check this box	In request a	response that is comple	te, including filings that have lap	sed() UNLAPSED	
Record Number	Date Record Flied	(if required)	Type of Record and	Additional Identifying Informat	tion (if required)	
	·					
3UADDITIONAL SERVICES:						
				ate: 1-21	-05	
40DELIVERY INSTRUCTIONS (request will be comple 4a0 Pick Up 4b0 Other	ted and mailed to the add	dress shown in	item B unless otherwise ins	structed here):		
Specify desired method here (if available from this office); provide delivery information (e@@delivery service's name, addressee's account # with delivery service, addressee's phone #, etc@						