				ST. DC HCIA		
			SIA	STA TOTAL		
INFORMATION REQUEST			FILE	FILEO FOR RECORD		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			oner 1	2015 JAN 25 PM 12: 34		
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 OR Karen 365-280+05  BDRETURN TO: (Name and Address)			ig 2005 3	MA 50 11.15.04		
BDRETURN TO: (Name and Address)	<u> </u>			PROWN		
The Paper C <b>Northwe</b> st Ind 9505 Genevle St. John, IN	ana, Inc. ve Drive	_	J			
AUDERTOR NAME to be provided a least only on	debter name (1a or 1b) de	not abbreviat		ACE IS FOR FILING OFFIC	E USE ONLY	
1 DEBTOR NAME to be searched - insert only one	- 1					
PC T	L Asso	ciate	<u>S</u>	T	12	
1b/INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
2b□COPY REQUEST CERTIFIED (C Select one of the following two options:	Optional)	NLAPSED	response that is complete, incl	noush musta ruar rake rabse	d) UNLAPSED	
Record Number	Date Record Filed (	if required)	Type of Record and Addition	nal identifying informatic	ND (if required)	
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BUADDITIONAL SERVICES:			_	· · · · · · · · · · · · · · · · · · ·		
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			Thru date	e: 1-24	-05	
40DELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the addr	ress shown in	item B unless otherwise instructed l	here):		
4b [ Other Specify desired method here (if available fro	m this office); provide delivery i	nformation (eff)	Odelivery service's name addressee's	locount # with delivery service and	Imssee's phone # etrili	
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