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		C-12.
INFORMATION REQUEST		STATE OF LACES. LAKE COUNT FILED FOR RECORD
FOLLOW INSTRUCTIONS (front and back) CARE	FULLY	FILED FOR RECORD
ADNAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	
Amy 365-4082 OR Karen 3	65.4864 2005 00	5 2005 JAM 26 AM H: 13
l	 	
	"	IMOHAFI. A PROWN
The Paper C		That we will be
Northwest Ind		
9505 Genevie St. John, IN		
37. 30111, 114	40373	
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1□DEBTOR NAME to be searched - insert only on	a debtor name (1a or 1b) - do not abbreviate or combine r	names
1sEORGANIZATION'S NAME	ORP INC.	
OR 1brindividual's LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
-20NFORMATION OPTIONS relating to UCC f	ilings and other notices on file in the filing office th	nat include as a Debtor name the name identified in item 1:
28 DSEARCH RESPONSE CERTIFIED (-	
Select one of the following two options:	ALL (Check this box to request a response that	at is complete, including filings that have lapsed(). UNLAPSED
2bDCOPY REQUEST CERTIFIED (<u> </u>	
	ALL UNLAPSED	
2cd SPECIFIED COPIES ONLY	RTIFIED (Optional)	
Record Number	Date Record Filed (if required) Type of Re	ecord and Additional Identifying Information (if required)
Nedola Hambel	Date Needla Filed (1118quiled) Type of Ne	sold and Additional Identitying Information (Infoduited)
	1-11	
	1004	lune in file
	<u> </u>	0 (
		
3UADDITIONAL SERVICES:		
SUADDITIONAL SERVICES.		
•		
	Th	ru date: 1-25-05
		-
ADDEL NATION AND TO LICENSE A THE		l
	pleted and mailed to the address shown in item B unless	t
4aDELIVERY INSTRUCTIONS (request will be com,		t

Specify desired method here (if available from this office); provide delivery information (eQDdelivery service's name, addressee's account # with delivery service, addressee's phone #, etc0)