

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A <input type="checkbox"/> NAME & PHONE OF CONTACT (optional) <b>Amy 365-4082 or Karen 365-4864</b>		FILING OFFICE ACCT # <b>2005 000092</b>
B <input type="checkbox"/> RETURN TO: (Name and Address)  <p style="text-align: center;">The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</p>		

2005 FEB -3 PM 3:22  
MICHAEL A. BROWN  
REC. 301P

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1  DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a  ORGANIZATION'S NAME

OR

1b <input type="checkbox"/> INDIVIDUAL'S LAST NAME <b>Trizezenberg</b>	FIRST NAME <b>Penny</b>	MIDDLE NAME <b>S.</b>	SUFFIX
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2  INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a  SEARCH RESPONSE  CERTIFIED (Optional)  
Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b  COPY REQUEST  CERTIFIED (Optional)  
Select one of the following two options:  ALL  UNLAPSED

2c  SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing</i>

3  ADDITIONAL SERVICES:

Thru date: 2/2/05

4  DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a  Pick Up  
4b  Other

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