		,					
						Tiber ty	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY					FUED FOR TOOM!		
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCL#				ć	2005 FEB 11 FM 3: 22		
Amy 365-4082 OR Karen 365-4864 2005 100 20 BORETURN TO: (Name and Address)					8 20 3 3 7 7 7 7 7 MA		
1 [ANO ESTA PROMINA Esta Section		
The Paper Cl	1			•			
Northwest Indi			1				
9505 Geneviev	ve Drive		1				
St. John, IN	46373		1				
		_	THE ABO	VE SPACE IS F	OR FILING OFFI	CE USE ONLY	
1DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do	o not abbreviate					
OR CUTIONS NAME	ansmot	Inc					
OR 16/1NDIVIDUAL'S LAST NAME	ansport	FIRST NAME		MIDOL	NAME	SUFFIX	
-20NFORMATION OPTIONS relating to UCC file	_	on file in the fi	ling office that include	as a Debtor nam	e the name ident	ified in item 1:	
28 SEARCH RESPONSE CERTIFIED (O	_					Tunianen	
Select one of the following two options: 2bDCOPY REQUEST CERTIFIED (O	ALL (Check this box	to request a r	esponse that is comple	te, including filir	gs that have laps	ed() UNLAPSED	
		NLAPSED					
	RTIFIED (Optional)						
							
Record Number	Date Record Flied ((if required)	Type of Record and	Additional Iden	tifying informat	lon (if required)	
3UADDITIONAL SERVICES:							
						,	
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			Thru d	ate:	J-11010	<u> </u>	
4 DELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the add	dress shown in i	item B unless otherwise in	structed here):			
4a□							
Specify desired method here (if available fro	m this office); provide delivery	information (e@C	delivery service's name, add	ressee's account # v	vith delivery service, a	ddressee's phone #, etc0	