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		<del>-</del> .	LAKE	COUNTY COUNTY OR RECOR
FORMATION REQUEST  LOW INSTRUCTIONS (front and back) C/	AREFULLY			
ADNAME & PHONE OF CONTACT (optional)  Any 365-4082 OR Karen 365-4864		2015 FEB 1	2005 FEB 1.8 AM 10: 27	
RETURN TO: (Name and Address)			MICHAEL	4, ROWN
The Paper Northwest Ir 9505 Gene St. John,	vieve Drive			
L.			E SPACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR NAME to be searched - insert onl	^			
Alcan Alun  16 THOMPS LAST NAME	ninum Corpo	ST NAME	MIDDLE NAME	SUFFIX
NFORMATION OPTIONS relating to UC 2a DSEARCH RESPONSE CERTIFIE  Select one of the following two options:	D (Optional)  ALL (Check this box to re	equest a response that is complete		
2b COPY REQUEST CERTIFIE  Select one of the following two options:		APSED		
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Record Number	Date Record Filed (if re	equired) Type of Record and Ac	iditional identifying information	(if required)
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ADDITIONAL SERVICES:				
DELIVERY INSTRUCTIONS (request will be o	· .		ate: 1/1/	05