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IFORMATION REQUEST ALLOW INSTRUCTIONS (front and back) CAI	REFULLY	2005	000151		r illeu ful	Y ME COL
ADNAME & PHONE OF CONTACT (optional) Any 365-4082 or Karen 365-4864			}	2005 FEB 24	PM 3:52	
DRETURN TO: (Name and Address)					MICHAEL & RECUL	PROWN
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The Paper Northwest In 9505 Genev St. John, It	diana, Inc. ieve Drive					
	<u>.</u>			VE SPACE IS FOR	FILING OFFICE U	SE ONLY
DEBTOR NAME to be searched - insert only		1 1	\			
R 15-INDIVIDUAL'S LAST NAME	nson 5	TEE!	10.,I	N C	AME	SUFFIX
INFORMATION OPTIONS relating to UCC 2e DSEARCH RESPONSE CERTIFIED	-	s on file in the filing	office that include	as a Debtor name t	he name identified i	in item 1:
Select one of the following two options:	ALL (Check this b	ox to request a resp	onse that is comple	te, including filings	that have lapsed()	UNLAPSE
2bDCOPY REQUEST CERTIFIED Select one of the following two options:	O(Optional)	UNLAPSED				
2cDSPECIFIED COPIES ONLY	CERTIFIED (Optional)					
Record Number	Date Record File	d (if required) Ty	pe of Record and	Additional Identify	ing Information (i	(required)
ADDITIONAL SERVICES:						
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DELIVERY INSTRUCTIONS (request will be co	ompleted and mailed to the				1230	