INFORMATION REQUEST			TARRE
FOLLOW INSTRUCTIONS (front and back) CARE	FULLY 2005	-0-0	FILED FOR BUCOS
ADNAME & PHONE OF CONTACT (optional)	FILING OFFICE YOUT #	ण) 0 I 5 5	
Amy 365-4082 OR Karen 36 BORETURN TO: (Name and Address)	05.4864	_	2005 FEB 25 PM 12: 22
BUILD TOTAL TO. (Harris and Address)	-	_	Lu-
} '			MICHAEL A SPOWN
The Paper C	hase of		M-Warring and
Northwest Indiana, Inc.			
9505 Genevie St. John, IN			
31. 301111, 114	40070	1	
		THE ABOVE SPACE	IS FOR FILING OFFICE USE ONLY
10DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names			
GOLD.	is GYM	MERRILLVI	LLE INC
OR 16/1NDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	AIDOLE NAME SUFFIX
22NFORMATION OPTIONS relating to UCC fi	•	filing office that include as a Debto	r name the name identified in item 1:
28 SEARCH RESPONSE CERTIFIED (C			on filings that have lapsed () UNLAPSED
Select one of the following two options:  2bBCOPY REQUEST CERTIFIED (C	ALL (Check this box to request a	response that is complete, including	ng mings that have labsedly 1000000
	ALL UNLAPSED		
2c SPECIFIED COPIES ONLY	RTIFIED (Optional)		
<u> </u>	Ta . a	I= 45	
Record Number	Date Record Filed (if required)	Type of Record and Additional	Identifying Information (if required)
<del></del>		1	1
		Nothing on fe	le
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3UADDITIONAL SERVICES:			
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			•
			1 /
	•		1/2//
Thru date: 2/24/05			
			<u> </u>
40DELIVERY INSTRUCTIONS (request will be comp	pleted and mailed to the address shown it	n item B unless otherwise instructed here	»):
4a□X Pick Up 4b□ Other			
704 J Oliver			

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