	 			6486028
				STATE OF THE
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAR	· · · · · · · · · · · · · · · · · · ·			FILED FOR ILCO
Adname & Phone of Contact (optional)  Amy 365-4082 OR Karen 365-4864			2005 MAR - 2 PM 1:	
BDRETURN TO: (Name and Address)				MICHAEL & DEOU
				MICHAEL SHOW
The Paper (		1		
Northwest Inc 9505 Genevi				
St. John, IN	46373	d		
			HE ABOVE SPACE IS FOR F	ILING OFFICE USE ONLY
1 DEBTOR NAME to be searched - insert only g	ne debtor name (12 or 1b) - do	o not abbreviate or combine name	Nos	
OR THEINDIVIDUAL'S LAST NAME	IF TUD	IFINH KE	ALIY LL	AE SUFFIX
IDI INDIVIDUAL S CAST NAME		PIRST NAME	/ MIDDLE NAM	AE SUPPL
2bDCOPY REQUEST CERTIFIED	(Optional)		complete, including filings th	at have lapsed() UNLAPSED
	ALL UI ERTIFIED (Optional)	NLAPSED		
Record Number_	Date Record Filed (	if required) Type of Reco	ord and Additional Identifyir	ng Information (if required)
BUADDITIONAL SERVICES:				
				1
	•	-th	1 date: 3	11/05
		1717	I WATE:	11/-3
40DELIVERY INSTRUCTIONS (request will be con	npleted and mailed to the addr	ress shown in item B unless oth	erwise instructed here):	
4a□X Pick Up 4b□ Other				
Specify desired method bere (if available	from this office); provide delivery in	information (ei@@delivery service's r	name, addressee's account # with de	ivery service, addressee's phone #, etc()