INFORMATION REQUEST					STAIL C. CHE LAKE CHUNT? FILED FOR RECORD		
FOLLOW INSTRUCTIONS (front and back) CARE		ICE ACCOMM O	7				
Amy 365-4082 OR Karen 3 BORETURN TO: (Name and Address)	65.4864	FICE ACC Z O	<b>9</b> 5 00018	<b>5</b> 3	2005 MAR - 2	2 PM 1: 1	
BDRETURN TO: (Name and Address)		_				FPOWN	
The Paper C <b>Northwest Ind</b> 9505 Genevie St. John, IN	iana, Inc. eve Drive						
				SPACE IS FOR FIL	ING OFFICE USE O	NLY	
1DDEBTOR NAME to be searched - insert only on							
OR INDIVIDUAL'S LAST NAME	ump	FIRST NAME	ANA	MIDDLE NAME		SUFFIX	
TO THE STREET OF				INDUCE IVANCE			
2b□COPY REQUEST ☐ CERTIFIED (C Select <u>one</u> of the following two options:	Optional)	x to request a r	esponse that is complete,	including filings that	have lapsed()	UNLAPSED	
Record Number	Date Record Filed	(if required)	Type of Record and Add	ditional Identifying	Information (if requ	ired)	
3UADDITIONAL SERVICES:							
	· .		Thru da	te: 3/1	05		
40DELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the ad	ddress shown in i	tem B unless otherwise instruc	ted here):	<u></u> _		
4a①X Pick Up							

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