

FORMATION REQUEST			LARE COUNT FILED FOR RECUI:			
FOLLOW INSTRUCTIONS (front and back) CAREF				•	00051/45	514 1 5 5 7
ADNAME & PHONE OF CONTACT (optional)	FILING OFFICE	E AZCUTU	5 00017	3	2005 MAR - 7	PH 1: 23
Amy 365-4082 OR Karen 36 BORETURN TO: (Name and Address)			1		MKI HAFELI	ROWN
		_	}		RECL.	
The Paper Ch Northwest India 9505 Geneviev St. John, IN 4	ana, Inc. e Drive		1			
1□DEBTOR NAME to be searched - insert only one	debter name (1a at 1b), do s	not abbreviate		SPACE IS FOR	FILING OFFICE USE	ONLY
18-DRGANIZATION'S NAME DESCRIPTION	ATTO 7	NTO IT	A APAIT	11-1	1 (
OR 16/INDIVIDUAL'S LAST NAME	HIER	FIRST NAME	CUPIME	MIDDLEN	AME	SUFFIX
2bDCOPY REQUEST CERTIFIED (Or Select <u>one</u> of the following two options:	ALL (Check this box to	request a re	sponse that is complete	including filings	that have lapsed()	UNLAPSED
Record Number	Date Record Filed (if	required)	Type of Record and Ad	Iditional Identify	ring Information (if red	quired)
			Mot	hing	on f	ill
					<i>_</i>	
3UADDITIONAL SERVICES:			Thru do		3-4-C	5
40DELIVERY INSTRUCTIONS (request will be completed)			mu u	····		

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