INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address) The Paper C Northwest Indi 9505 Genevier St. John, IN	hase of ana, Inc.	05 000175	EARE COUNTY FILED FOR RECORD 2005 MIR - 7 PM 1: 23
 		THE ABOVE SPACE	E IS FOR FILING OFFICE USE ONLY
1□DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbrevia		
1aCDRGANIZATION'S NAME			
OR 16/1NDIVIDUAL'S LAST NAME A LO	FIRST NAM	GARRY	MIDDLE NAME J. SUFFIX
2DINFORMATION OPTIONS relating to UCC fi		filing office that include as a Debt	or name the name identified in item 1:
2a SEARCH RESPONSE CERTIFIED (C	Optional) ALL (Check this box to request a	response that is complete, includ	ing filings that have lapsed() UNLAPSED
2b0COPY REQUEST CERTIFIED (C			
	ALL UNLAPSED	<u> </u>	
2cD SPECIFIED COPIES ONLY	RTIFIED (Optional)		
Record Number	Date Record Filed (if required)	Type of Record and Additiona	al Identifying Information (if required)
		1 Maddi	
		1100 ma	on fill
	 		
			
3UADDITIONAL SERVICES:			
	•		
		Thru date	: 3-4-05
4□DELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the address shown in	n item B unless otherwise instructed her	то):
4b Other			

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