NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREF ADNAME 8 PHONE OF CONTACT [optional] Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address) The Paper Ch Northwest India 9505 Geneview St. John, IN 4	S-4864 Filling OFFICE ACCT # 2 () Chase of Chana, Inc. The Drive	105 000176	ZONS MAR -7 PM I
L	_	THE ABOVE SPACE IS FOR FILI	NG OFFICE USE ONLY
DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviate or comi		
T. W	. HICKS.	INC	
TETINDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	ALL UNLAPSED TIFIED (Optional) Date Record Filed (if required) Type of	of Record and Additional Identifying	Information (if required)
UADDITIONAL SERVICES:			
	-	hru date: 3	-4-0

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@