INFORMATION DECLIEST	· .		CAKE COUNT LAKE COUNT FILED FOR RECORD
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address)	FILING OFFICE ACCT #	05 000177	2005 MAR - 7 PM 1: 23
The Paper C Northwest Indi 9505 Genevier St. John, IN	ana, Inc. ve Drive		
1DDEBTOR NAME to be searched - insert only goe	dehter name (1e et 1h) - de not abbrevi		E IS FOR FILING OFFICE USE ONLY
18CDRGANIZATION'S NAME  OR 15 CINDIVIDUAL'S LAST NAME	HICKS RE	AL ESTATE	HOLDINGS COMPAN SUFFIX
2bDCOPY REQUEST CERTIFIED (C	optional)  ALL (Check this box to request a	a response that is complete, includi	
Zed SPECIFIED COPIES ONLY	CHPIED (Optional)		
Record Number	Date Record Filed (if required)	Type of Record and Additiona	I Identifying Information (if required)
		Moffming	on till
3UADDITIONAL SERVICES:			
		Thru date	<u> </u>
40DELIVERY INSTRUCTIONS (request will be comp 4a0 Pick Up 4b0 Other	leted and mailed to the address shown	n item B unless otherwise instructed her	a):
Specify desired method here (if available fro	m this office); provide delivery information (e	@Colivery service's name, addressee's acco	ount # with delivery service, addressee's phone #, etc@