				STA	AL OF BUILD
					ARE COUNTY ED FOR RECORD
				r IL	ED FOR NECUKI
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	FULLY	20 05	000179	2005 f	AR -8 AM 8:4
ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 Or Karen 36		ICE ACCT #		5,7175	IAT A BROWN
BURETURN TO: (Name and Address)					AT A RROWN REUS
		~~]			
The Paper C	hase of				
Northwest Indi					
9505 Genevier St. John, IN					
 			THE ADOVE ODA	CE IS FOR FILING OFF	ICE LISE ONLY
10DEBTOR NAME to be searched - Insert only one	debtor name (1= or 1b) -	do not abbreviate or		CE IS FOR FILING OFF	OZ OSE ONE !
DI CECTOLIV	Inc.				
OR 16/1NDIVIDUAL'S LAST NAME		FIRST NAME		MICOLE NAME	SUFFIX
					No. 4 le la
-2 INFORMATION OPTIONS relating to UCC file 2e DSEARCHRESPONSE CERTIFIED (C		on file in the filin	g office that include as a Del	blof name the name iden	ined in nem 1:
Select one of the following two options:	ALL (Check this box	cto request a res	ponse that is complete, inclu	ding filings that have lep	sod() UNLAPSED
2bDCOPY REQUEST CERTIFIED (C Select one of the following two options:		JNLAPSED			
	RTIFIED (Optional)		· · · · · · · · · · · · · · · · · · ·		
Record Number	Date Record Filed	(Keenyland) T	pe of Record and Addition	ani Identifidas Informa	tion (dramited)
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3UADDITIONAL SERVICES:					
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	•			2/2	105
			Thru date	: - 2/1	102
4DDELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the ad	Idress shown in item	B unless otherwise instructed h	sere):	
4a [Pick Up					
4b [Other Specify desired method been (if available fro	m this office): provide deliver	y information (etticide	ivery service's name, addresser's	COUNT # with delivery service	Address See Abrone # ede fit
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