				STATE OF LAKE OF FILED FOR	indlati MATV
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	•	005 000	180	2005 MAR - 8	
ADNAME & PHONE OF CONTACT [optional]  Any 365-4082 or Karen 36:  BORETURN TO: (Name and Address)	FILING OFFICE ACCT #			MOHAT, 4	NWOFE
The Paper Ch Northwest India 9505 Geneviev St. John, IN 4	ana, Inc. e Drive	THE ABO	/E SPACE IS FOR FILING	OFFICE USE ONLY	
1DDEBTOR NAME to be searched - Insert only one of 1scorganization's NAME					
OR IBFINDIVIDUAL'S LAST NAME	nagement Cor	poration	MIDDLE NAME	SUFFR	x —
2bDCOPY REQUEST CERTIFIED (Op Select one of the following two options:	ALL (Check this box to request a r	esponse that is complet	e, including filings that have	a lapsed() UNLA	PSED
Record Number	Date Record Filed (If required)	Type of Record and A	Additional Identifying Info	rmation (If required)	
		Mother	ig on fil	<u> </u>	
3UADDITIONAL SERVICES:					
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40DELIVERY INSTRUCTIONS (request will be comple	ated and mailed to the address shown in	Thru d		7/05	<del></del>

Specify desired method here (if available from this office); provide delivery information (eti)Cidelivery service's name, addressee's account # with delivery service, addressee's phone #, etcl.

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