	•,		
			THE CONTROL OF THE CO
			STATE OF TAX
			LAKE COUNTY FILED FOR RECOR.
INFORMATION REQUEST	2005	000100	THE FOR NEGOTAL
FOLLOW INSTRUCTIONS (front and back) CARE	FULLY ZUUS	000182	2005 MAR - 8 AM 8: 49
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 or Karen 31	FILING OFFICE ACCT #		
BURETURN TO: (Name and Address)		_	MICHAEL & BROWN BLOWN BY
	-		BLOW 197
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The Paper C Northwest Ind			
9505 Genevie			
St. John, IN		į.	
<u> </u>	-	THE ABOVE SDAO	E IO EOD EIL ING OFFICE LISE ON V
1DDEBTOR NAME to be searched - insert only on	debtor name (1s or 1b) - do not abbrevia		IS FOR FILING OFFICE USE ONLY
1#IORGANIZATION'S NAME			
OR THINDINDUAL'S LAST NAME	Total Home		MIDOLE NAME SUFFIX
16FRIDIVIDUAL'S LAST NAME	PIRST NAME		MIDDLE NAME
-20NFORMATION OPTIONS relating to UCC fr	ilinus and other notices on file in the	filing office that include as a Debto	r name the name identified in item 1:
28 SEARCH RESPONSE CERTIFIED (C		•	
Select one of the following two options:	ALL (Check this box to request a	response that is complete, including	ng filings that have lapsed() UNLAPSED
2bDCOPY REQUEST CERTIFIED (C	<u> </u>		
Select one of the following two options: ALL UNLAPSED  2c SPECIFIED COPIES ONLY CERTIFIED (Optional)			
Zeliareories one:	Kin ico (Optional)		
Record Number	Date Record Filed (If required)	Type of Record and Additiona	Identifying Information (if required)
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	<del></del>	1100000	OVI ACC
		0	V
SUADDITIONAL SERVICES:			
			1 /
		Thru date:	3/7/05
		inru aates	
4DDELIVERY INSTRUCTIONS (request will be comp	pleted and mailed to the address shown in	item B unless otherwise instructed here	91:
4aC⊠ Pick Up			•
4bt Other			
Specify desired method here (if available fro	orn this office); provide delivery information (et	Odolivery service's name, addressee's acco	runt # with delivery service, addressee's phone #, atcill