		STATE GLID HAD LAKE COUNTY FILED FOR RECORT	
NEODWATION DEOUEST	2005 0001		R-8 AM 8:49
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	ULLY	1000	22000
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 OR Karen 36  EDRETURN TO: (Name and Address)	5.4864 FILING OFFICE ACCT #	MICH/ R	E A BROWN British == 1
The Paper C			
Northwest Indi 9505 Genevier St. John, IN	e Drive		
St. 30fiff, live	40373	THE ABOVE COACE IN EC	OR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert only gos	debtor name (1a or 1b) - do not abbreviate or		R FILING OFFICE USE UNLT
UCC of 8	urope Inc		In the second
OR 16/1ND/VIDUAL'S LAST NAME	FIRST NAME	MICOLE	NAME SUFFIX
20NFORMATION OPTIONS relating to UCC fit 2eDSEARCH RESPONSE CERTIFIED (O		g office that include as a Debtor name	the name identified in item 1:
Select one of the following two options:	ALL (Check this box to request a res	ponse that is complete, including filin	gs that have lapsed() UNLAPSED
2b0COPY REQUEST CERTIFIED (O Select one of the following two options:	ALL UNLAPSED		
2c0 SPECIFIED COPIES ONLY	TIFIED (Optional)		
Record Number	Date Record Filed (If required)	ype of Record and Additional Ident	Ifying Information (if required)
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AND TOWAL OF DIVIOES.			
3UADDITIONAL SERVICES:			
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			1/-
	· .	Thru date: _	3/7/05
40DELIVERY INSTRUCTIONS (request will be comp	eted and mailed to the address shown in iter	n B unless otherwise instructed here);	
4b C Other Specify desired method bers (if available fro	m this critical received that all and information (affiliate	American rame addresses account the	to deli- or a saion and done a saio about a state