	LAKE COUNT!
	FILEO FOR RECOR.
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000 85	2005 MAP - 8 AM 8: 49
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 OR Karen 365-4864  BORETURN TO: (Name and Address)	MIČIPACI JA BROWN
BORETURN TO: (Name and Address)	RECULLI
The Paper Chase of	
Northwest Indiana, Inc. 9505 Genevieve Drive	
St. John, IN 46373	
	ABOVE SPACE IS FOR FILING OFFICE USE ONLY
10DEBTOR NAME to be searched - Insert only one dobtor name (1a or 1b) - do not abbreviate or combine names  [1acorganization's NAME]  U.C.C. Trading Corporation	
OR 16/1NDIVIDUAL'S LAST NAME FIRST NAME	MEDOLE NAME SUFFIX
2□NFORMATION OPTIONS relating to UCC fillings and other notices on file in the filling office that inclu	ide as a Dablor name the name identified in item 1:
2a SEARCH RESPONSE CERTIFIED (Optional)  Select one of the following two options: ALL (Check this box to request a response that is com	
2bDCOPY REQUEST CERTIFIED (Optional)	
Select one of the following two options: ALL UNLAPSED  2005PECIFIED COPIES ONLY CERTIFIED (Optional)	
Record Number Date Record Flied (If required) Type of Record a	nd Additional Identifying Information (Frequired)
1/10/1	ever on V
	A STEP SEED
3UADDITIONAL SERVICES:	
	• •
	/
-Th	date: 3/7/05
	i L
4DDELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise 4a D Pick Up	e instructed here):
4b Other	