			(	(A)
			1 885 47	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY			CAKE COUR	
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 OR Karen 365-4864 2005 10018			2005 M/2 - 9	b#15:01
BORETURN TO: (Name and Address)		MOVE:	COMM	
	7	RFCX1	ing i	
The Paper C Northwest Indi				
9505 Genevieve Drive St. John, IN 46373				
L	<u>-</u>	THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
1DDEBTOR NAME to be searched - insert only one 1acorganization's NAME	debtor name (1a or 1b) - do not abbrevia	te or combine names		
OR THINDIVIDUAL'S LAST NAME	FIRST NAME	C114-001	MIDDLE NAME	SUFFIX
-2EINFORMATION OPTIONS relating to UCC file		SHARON	otor name the name identified	in item 1:
2a DSEARCH RESPONSE CERTIFIED (O				
2bDCOPY REQUEST CERTIFIED (O		respector that to complete, more	ang mingo alat haro lapada,	0,12,1,022
2cD SPECIFIED COPIES ONLY CERTIFIED (Optional)				
Record Number	Date Record Filed (if required)	Type of Record and Addition	nal Identifying Information	(if required)
		Holling	on file	
		0		
3UADDITIONAL SERVICES:				
	•			
			1/	
	•	Thru date	. 3/8/05	_
ADDELIVEDY INCTOLICTIONS			<u> </u>	
40DELIVERY INSTRUCTIONS (request will be compiled to the second s	eted and mailed to the address shown in	mem B unless otherwise instructed h	ere):	
4bC Other Specify desired method here (if available from	n this office); provide delivery information (etg	Odelivery service's name, addressee's ac	count # with delivery service, address	see's phone #, etc()