			LAKE COUNTY FILED FOR RECORD
			and the state of
INFORMATION REQUEST FOLLOW INSTRUCTIONS (Front and back) CARE	FULLY 20	005 000208	
ADNAME 8 PHONE OF CONTACT [optional] Any 365-4082 or Karen 36 BORETURN TO: (Name and Address)	FILING OFFICE ACCT #		MICHAFI A BROWN
Г	-	7	
The Paper C Northwes t Ind 950 5 Genevie St. John, IN	lana, Inc. ve Drive		
1DDEBTOR NAME to be searched - insert only on	e debtor name (1a or 1b) - do not abbreviat		E IS FOR FILING OFFICE USE ONLY
18CORGANIZATION'S NAME			
OR 16/1N/DIVIDUAL'S LAST NAME	ion Developme		MIDDLE NAME SUFFIX
	ALL (Check this box to request a	response that is complete, includ	ing filings that have lapsed() UNLAPSED
Record Number	Date Record Filed (If required)	Type of Record and Addition	al Identifying Information (If required)
		Motheria.	on fell
3UADDITIONAL SERVICES:			
	•	Thru date	:
4UDELIVERY INSTRUCTIONS (request will be comp 4a D Pick Up 4b D Other	pleted and mailed to the address shown in	item B unless otherwise instructed he	Te):
Specify desired method here (if available for	om this office); provide delivery information (eig	Odelivery service's name, addressee's ac-	count # with delivery service, addressee's phone #, etc@