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	STATE IS A TO A T
NEODWATION REQUEST 0.005 0.00211	2005 MAR 15 A110: 22
INFORMATION REQUEST 2005 00021	
ADNAME & PHONE OF CONTACT [optional] Any 365-4082 OR Karen 365-4864 BERETURN TO: (Name and Address)	MICHAEL A DROWN
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	
	SPACE IS FOR FILING OFFICE USE ONLY
10DEBTOR NAME to be searched - insert only one debtor name (1s or 1b) - do not abbreviate or combine names. 1stDRGANZATIONS NAME	
OR THINDIVIDUAL'S LAST NAME	MICOOLE NAME SUFFIX
-2DINFORMATION OPTIONS relating to UCC fittings and other notices on file in the filling office that include as 2eDSEARCH RESPONSE CERTIFIED (Optional)	a Debtor name the name identified in item 1:
Select one of the following two options: X ALL (Check this box to request a response that is complete	including filings that have tapsed() UNLAPSED
2bil COPY REQUEST CERTIFIED (Optional) Select one of the following two options: ALL UNLAPSED	
2cti SPECIFIED COPIES ONLY CERTIFIED (Optional)	
	ditional identifying information (if required)
98002314	
3UADDITIONAL SERVICES:	
	te: 3-14-05
40DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Item B unless otherwise instructed here): 440DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in Item B unless otherwise instructed here):	
4bt Other	
Specify desired method here (if available from this office); provide delivery information (eigit delivery service's name, address	ee's account # with delivery service, addressee's phone #, etc0