			7.77.20.00	
			STATE OF SUR LAKE COUR	Xej i v
" TO THE STATE OF			FILED FOR REC	OR
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY 2005 DO	0.216	2005 MAR 15 AM	0.00
ADNAME & PHONE OF CONTACT (optional)	CIFILING OFFICE ACCT	<del>93</del> 16	Churchen C 1 mail 1997	151 63
Amy 365-4082 or Karen 30 BORETURN TO: (Name and Address)	00. 1861		MICHAE / PRO	JAAC
-			MICHAE PRO	
The Paper C	hase of	Ĭ		
Northwest Indi		ĺ		
9505 Genevie	ve Drive	]		
St. John, IN	403/3	į.		
			VE SPACE IS FOR FILING OFFIC	E USE ONLY
10DEBTOR NAME to be searched - insert only one				
OR THUMONOUAL'S LAST NAME	D RIVER INVE			
15/THIDIVIDUAL & LAST NAME	FRSTRA	wc	MADOLE NAME	SUFFIX
-2CINFORMATION OPTIONS relating to UCC fi	lings and other notices on file in th	e filing office that include a	s a Debtor name the name identif	ied in item 1:
2aDSEARCH RESPONSE CERTIFIED (C	optional) ALL (Check this box to request		in the diam of the state of the	Dunianero
Select one of the following two options: D  25D COPY REQUEST CERTIFIED (C		a response that is complet	e, including fillings that have taped	UNLAPSED
Select one of the following two options:	ALL UNLAPSE	<u> </u>		<u> </u>
26 SPECIFIED COPIES ONLY	RTIFIED (Optional)			
Record Number	Date Record Filed (if required	Type of Record and A	dditional identifying information	on (if required)
		<del></del>		
3UADDITIONAL SERVICES:				
•				
			- /	سير
		Thru di	ate: 3-14-0	9 >
4 DDELIVERY INSTRUCTIONS (request will be compl	ated and multi-lands			
48E Pick Up	own sind maind to the address shown	n mem si uniesa otherwise inst	ructed here):	
4b C Other Specify desired method been (if evailable from				
STOCKY CONTROL PROGRAM have Manufable &				