		•		i iii n iiun-		
			LAKE COUNT			
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY				FILED FOR RECORD		
ADNAME & PHONE OF CONTACT [optional]			<b>2 0 2</b>	005 M4230 AMILE	02	
ADNAME & PHONE OF CONTACT [optional]  Amy 365-4082 OR Karen 365-4864  BORETURN TO: (Name and Address)				MICH/EL / PROW	a second	
			7			
The Paper CI	hase of					
Northwest India						
St. John, IN						
		_	THE ABOVE	SPACE IS FOR FILING OFFIC	E USE ONLY	
10DEBTOR NAME to be searched - insert only one	200 11	<u>. 1</u>				
OR THINDIVIDUAL'S LAST NAME	KPOINT	FIRST NAME	AMMOND	LLC	SUFFIX	
16/INDIVIDUAL'S LAST NAME		FIRST NAME		MIDOLE NAME	SOFFIX	
2DNFORMATION OPTIONS relating to UCC fit	_	on file in the	filing office that include as a	Debtor name the name identif	ied in item 1:	
2a USEARCH RESPONSE CERTIFIED (O Select one of the following two options:		to request a	response that is complete, in	ncluding filings that have lapse	di UNLAPSED	
2bDCOPY REQUEST CERTIFIED (O	_	JNLAPSED				
	RTIFIED (Optional)	JALAN GED				
Record Number	Date Record Filed	(if required)	Type of Record and Add	Itional Identifying Information	(frequired)	
		11104011007				
A ADDITIONAL REDVICES:					F : /	
3UADDITIONAL SERVICES:				Gothing or	yui "	
				9	0	
	•		<b>→</b> 1 1	, 2/20/s	5	
			Ihru da	te: 3/39/0		
4DELIVERY INSTRUCTIONS (request will be compl	eted and mailed to the ad	dress shown in	item B unless otherwise instruct	ed here):		
4a□X Pick Up 4b□ Other						
Specify desired method bere (if available from	m this office); provide deliver	y information (et)	Odelivery service's name, addresse	e's account # with delivery service, ad	dressee's phone #, etc()	
FILING OFFICE COPY (4) - NATIONAL INFOR	MATION REQUEST (	EOPM UCC1	1) (RE)/[D5/09/01)			