			31	LAKE COUNT		
		F [1]	LED FOR RECORL			
			517.0	STAIL UP MASS		
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY				LAKE COUNT		
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT # Amy 365-4082 OR Karen 365.4844 05 000 25 L			2005	2005 APR-1 PM 2: 53		
BORETURN TO: (Name and Address)			1			
			MIC	MICHAEL A FROWN		
The Paper Cl Northwest Indi						
9505 Genevieve Drive St. John, IN 46373						
	40073				TE ONLY	
1DDEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do	not abbreviate or		CE IS FOR FILING OFFICE U	SEONLY	
18CORGANIZATION'S NAME AME	RIGUA	RD	INCOR	PORATED		
OR 16/1NDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
-2DNFORMATION OPTIONS relating to UCC fill 2aDSEARCH RESPONSE CERTIFIED (O	-	n file in the filin	g office that include as a Debi	or name the name identified i	n item 1:	
	<u>.</u> .	o request a res	ponse that is complete, includ	ling filings that have lapsed()	UNLAPSED	
2bDCOPY REQUEST CERTIFIED (O Select one of the following two options:	<u> </u>	NLAPSED				
2cD SPECIFIED COPIES ONLY	RTIFIED (Optional)					
Record Number	Date Record Filed (if required) Ty	pe of Record and Addition	al Identifying Information (if	required)	
				_		
A ADDITIONAL DEDVICES					, ,	
3UADDITIONAL SERVICES:				Nothing "	an file	
		•				
			Thru date	· March 3	1, 2005	
40DELIVERY INSTRUCTIONS (request will be completed) 40DELIVERY INSTRUCTIONS (request will be completed)	leted and mailed to the add	ress shown in item	n B unless otherwise instructed he	re);		
4bC Other						