		•			1.		
				LAN	Cubit V CR RECON		
NFORMATION REQUEST FOLLOW INSTRUCTIONS (from and back) CAREF	FULLY				-7 AM 8:5	7	
ADNAME & PHONE OF CONTACT (optionel) Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address)	S ASON DILING OFF	offer?	Π ₀	VAIPL ST	· · · PROWN	20 0	
The Review Of		-	1	M		u a	
The Paper Cl Northwest Indi 9505 Genevley St. John, IN	ana, Inc. ve Drive					002	
		_	THE	BOVE SPACE IS	FOR FILING OFFIC	E USE OI	VLY
DDEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - d	o not abbreviate	_				
R 15/1NDIVIDUAL'S LAST NAME		FIRST NAME		MIDO	LÉ NAME		SUFFIX
DINFORMATION OPTIONS relating to UCC 19 2a DSEARCH RESPONSE CERTIFIED (O	ptional)		•		0	73.70	TT The
2b0 COPY REQUEST CERTIFIED (C	_	NLAPSED	esponse that is con	plete, including fili	ngs that have lapse	d0:	UNLAPSED
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LADDITIONAL SERVICES:							
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DELIVERY INSTRUCTIONS (request will be compiled to the compile of	sted and mailed to the add	tress shown in i	tem 8 unless otherwise	instructed here):			
4b C Other Specify desired method being (if available from	this office) provide delimin	information (a PA)	Ideliano en de de como		with delibera earline, add	messes's p.h	one # etcli