INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF  ADNAME & PHONE OF CONTACT [optional]  Any 365-4082 or Karen 36  BORETURN TO: (Name and Address)  The Paper Ch Northwest India 9505 Geneview St. John, IN 4	nase of ana, Inc.	5 00282	LAKE OF FILED FOR	
		THE ABO	VE SPACE IS FOR FILING OFFICE	USE ONLY
1DDEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not ab	breviate or combine names		
Δ.	E Equipment FIRST	Company	MIDDLE NAME	SUFFIX
2bDCOPY REQUEST CERTIFIED (Options)  Select one of the following two options:	ptional) ALL (Check this box to requ	est a response that is comple	as a Debtor name the name identified	
Record Number	Date Record Filed (if requ	ired) Type of Record and	Additional identifying Information	(if required)
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3UADDITIONAL SERVICES:				
40DELIVERY INSTRUCTIONS (request will be comple			ate: 4/9/05	