INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF		_	LAME CULLINY TILED FOR RECORD
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 OR Karen 36	FILING OFFICE ACCT #	105 000302	2005 APP 13 AM 9: 1
BORETURN TO: (Name and Address)	21	<del>)                                    </del>	
	_	7	MICH HE TOWN
The Paper CI Northwest India 9505 Genevier St. John, IN	ana, Inc. ve Drive		
1□DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviat		IS FOR FILING OFFICE USE ONLY
1. CORGANIZATION'S NAME A A DO D	UCHOAD I	111/5	-
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME	1101E, 110C	IDDLE NAME SUFFIX
2bDCOPY REQUEST CERTIFIED (O Select one of the following two options:	ALL (Check this box to request a	response that is complete, including	g filings that have lapsed () UNLAPSED
Record Number	Date Record Filed (if required)	Type of Record and Additional	dentifying information (if required)
		-	7:0
		Nothing on	Deli .
		- 0 - 6	
3UADDITIONAL SERVICES:			
4DDELIVERY INSTRUCTIONS (request will be compl	leted and mailed to the address shown in	Thru date:	1 0
4a D Pick Up 4b C Other Specify desired method here (if available from	m this office); provide delivery information (e.g.	Odelivery service's name, addressee's accou	int # with delivery service, addressee's phone #, etc()