INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE	FULLY		LAKE CO SILED FOR	diel
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 3	FILING OFFICE AC	CCT#		
BDRETURN TO: (Name and Address)		5 000303	2005 AFT 13	AM 9: 19
Γ			MICH. EL. S.	TROWN
The Paper C Northwest Ind 9505 Genevie St. John, IN	liana, Inc. eve Drive		PACE IS FOR FILING OFFICE	E USE ONLY
DEBTOR NAME to be searched - insert only on	a debtor name (1a or 1b) - do not a			
CA	RMEUSE	2 LIME	INC	Laureny.
1b/INDIVIDUAL'S LAST NAME	FIRS	TNAME	MIDDLE NAME	SUFFIX
2bDCOPY REQUEST CERTIFIED (Select one of the following two options:		quest a response that is complete, inc	abung mings that have lapset	
2bDCOPY REQUEST CERTIFIED (Select one of the following two options:	Optional) ALL UNLA	PSED		
2bDCOPY REQUEST CERTIFIED (Select one of the following two options: 2cDSPECIFIED COPIES ONLY CE	Optional) ALL UNLAI ERTIFIED (Optional)	PSED		
2bDCOPY REQUEST CERTIFIED (Select one of the following two options: 2cDSPECIFIED COPIES ONLY CE	Optional) ALL UNLAI ERTIFIED (Optional)	ruired) Type of Record and Additi	onal Identifying Informatio	

Specify desired method here (if available from this office); provide delivery information (e@@delivery service's name, addressee's account # with delivery service, addressee's phone #, etc@