	CARE COUNTY
	LAKE COUNTED RECORD
INFORMATION REQUEST	
ADNAME & PHONE OF CONTACT (optional)	2005 AFF 18 PM 1:47
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 FILING OFFICE ACC5* 1 0 0 3 2 3 BORETURN TO: (Name and Address)	MICHALL BROWN
	MICHAEL BROWN
The Paper Chase of	
Northwest Indiana, Inc.	
9505 Genevieve Drive	
St. John, IN 46373	
THE ABOVE S	SPACE IS FOR FILING OFFICE USE ONLY
DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names [1acorganization's NAME]	
Inland Real Estate Corporati	ìon
1Ь/INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME SUFFIX
2DINFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a language specific control of the control of t	Debtor name the name identified in item 1:
Select one of the following two options: X ALL (Check this box to request a response that is complete, in	ncluding filings that have lapsed() UNLAPSED
2bDCOPY REQUEST CERTIFIED (Optional)	
Select one of the following two options: ALL UNLAPSED 2cd SPECIFIED COPIES ONLY CERTIFIED (Optional)	
2c SPECIFIED COPIES ONLY CERTIFIED (Optional)	
Record Number Date Record Filled (if required) Type of Record and Additional Property of Record and Property of Rec	tional identifying information (if required)
UADDITIONAL SERVICES:	
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Thru dat	4/15/2
Ihru dat	Le: (1/2/03
ADDELINGDY INCTOLICTIONS	\ \
FUDELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructs	ed here):
40DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructs 40DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructs	ed here):
	