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	,		State of the state
			LAKE COUPT
INFORMATION REQUEST			FUED FOR RECUR
FOLLOW INSTRUCTIONS (front and back) CAREFU	JLLY		2005 AP 18 PM 1:47
ADNAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCTU	7000324	Ship was to the say
Amy 365-4082 OR Karen 365 BURETURN TO: (Name and Address)	5.4864		E DOMAIN!
BDRETURN TO: (Name and Address)			MIC SELECTION SPOWN
	_	7	PS2 (4) 4 (
The Dener Ch	~~~ ~ 6		
The Paper Chase of Northwest Indiana, Inc.			
9505 Genevieve Drive			
St. John, IN 4			
	_	_	
TOPERTOR NAME to be received investigation			CE IS FOR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert only one de	eotor name (19 or 19) - do not abbreviat	e or combine names	
Simko	Machining -	Inc	
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX
20INFORMATION OPTIONS relating to UCC filin		filing office that include as a Debi	for name the name identified in item 1:
2aDSEARCH RESPONSE CERTIFIED (Opt			S S S S S S S S S S S S S S S S S S S
Select one of the following two options: 2b□COPY REQUEST CERTIFIED (Opt	ALL (Check this box to request a	response that is complete, includ	ling filings that have lapsed UNLAPSED
	ALL UNLAPSED		
	IFIED (Optional)		
Record Number	Date Record Flled (if required)	Type of Record and Addition	al Identifying Information (if required)
			· · · · · · · · · · · · · · · · · · ·
3UADDITIONAL SERVICES:			
	•		
		•	
			1 /
			11/1/10/2
	• .	Thru date	9118 101
		THE GATE	
40DELIVERY INSTRUCTIONS (request will be complete	ed and mailed to the address shown in	item B unless otherwise instructed he	re):
4a□ ∑ Pick Up			
4bt Other			
Specify desired method here (if available from	this office); provide delivery information (etg	Odelivery service's name, addressee's acc	count # with delivery service, addressee's phone #, etc@