INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CARE ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 or Karen 3 BDRETURN TO: (Name and Address) The Paper C Northwest Ind 9505 Genevie St. John, IN	Chase of liana, Inc. eve Drive 46373	THE A		STATE OF LAKE C FILED FOR 2005 APP 20	by 1: fr
10DEBTOR NAME to be searched - insert only on			<i>i</i>	11.0	
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1101 INDIVIDUAL'S LAST NAME	FIRST NAM	TC.	M	DOLE NAME	SUFFIX
2bDCOPY REQUEST CERTIFIED (C Select one of the following two options:	ALL (Check this box to request Optional) ALL UNLAPSED RTIFIED (Optional)		plete, including	filings that have lapsed	UNLAPSED
Record Number	Date Record Filed (if required	Type of Record a	nd Additional I	dentifying Information	(if required)
		Nothen	g on	Jile	
3UADDITIONAL SERVICES:					
4 DELIVERY INSTRUCTIONS (request will be compared by Pick Up	pleted and mailed to the address shown			4-19-0	55