INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address)  The Paper Ch Northwest India 9505 Geneview	5:4844 2.005 (ase of cona, Inc. ve Drive	00336	STATE OF THE LAKE COLL FILEO FOR R	PM 1:44
St. John, IN 4	103/3			
1□DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviate or		E IS FOR FILING OFFICE L	ISE ONLY
19 CORGANIZATION'S NAME XATR	ON CORPO	RATION		
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
20NFORMATION OPTIONS relating to UCC fili				
	TIFIED (Optional)  Date Record Filed (if required) Ty	pe of Record and Additiona	il Identifying Information (	if required)
			· · · · · · · · · · · · · · · · · · ·	
3UADDITIONAL SERVICES:				
		:		
	· .	Thru date	: 4/19/o	<u> </u>
48DELIVERY INSTRUCTIONS (request will be completed and Pick Up  4bc Other	eted and mailed to the address shown in item this office); provide delivery information (et@Odel			