			STATE OF MILE
		•	LAKE COUNTY
			FILED FOR RECORL
	9005	22222	
INFORMATION REQUEST	2005 (000338	2005 APR 21 AM 11: 18
FOLLOW INSTRUCTIONS (front and back) CAR			1000 1000 1000 1000 100 (1000 1000 100 1
ADNAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT#		MOUAE & DOMA
Amy 365-4082 or Karen 3 BDRETURN TO: (Name and Address)	565· 9864	_	MICHAS A BROWN
BERETURN 10: (Name and Address)			2. (a. 1) Sec. (b. 1)
The Denor	Chasa of		
The Paper (Northwest Inc			
9505 Genevi	ara Ditra		
St. John, IN		1	
1	. 40070	1Ł	
L		THE ABOVE SPA	CE IS FOR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert only of	me debtor name (1s or 1b) - do not abbrevia	de or combine names	
1aLDRGANIZATION'S NAME			
OR ALCOHOLIGI'S LAST MARK			
161 WALVIDUAL S CAST NAME	FIRST NAME		MIDDLE NAME SUFFIX
Louimani		orcie & Cally	
2/INFORMATION OPTIONS relating to UCC		filing office that include as a Del	btor name the name identified in item 1:
200SEARCHRESPONSE CERTIFIED			
	ALL (Check this box to request a	response that is complete, inclu	ding filings that have lapsed() UNLAPSED
26DCOPY REQUEST CERTIFIED	<u>`</u>		
Select one of the following two options:	ALL UNLAPSED	· · · · · · · · · · · · · · · · · · ·	
2cd Specified Copies ONLY	ERTIFIED (Optional)	•	
[1	
Record Number	Date Record Filed (If required)	Type of Record and Addition	nal identifying information (if required)
306075	10-18-90	1 all in	1/85
306676	7021 8270	/	
			
			
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BUADDITIONAL SERVICES:			
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			Alla Lat
		Thru date	4/20/05
	· .	Thru date	: 4/20/05
4(IDELIVERY INSTRUCTIONS (request will be co.	mpleted and mailed to the address shown i	Thru date	e: 4/20/05
4∏DELIVERY INSTRUCTIONS (request will be con	mpleted and mailed to the address shown i	Thru date	e: 4/20/05
4(IDELIVERY INSTRUCTIONS (request will be con	npleted and mailed to the address shown i	Thru date	: 4/20/05