

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---|--|
| ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864 | FILING OFFICE ACCT # 2005 001346 |
| BRETURN TO: (Name and Address) <p style="text-align: center;">The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</p> | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | |
|--|------------------------------|-------------------------|--------|
| 1a ORGANIZATION'S NAME | | | |
| OR | | | |
| 1b INDIVIDUAL'S LAST NAME CONNELLY | FIRST NAME TIMOTHY | MIDDLE NAME J | SUFFIX |

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

| | |
|--|---|
| 2a SEARCH RESPONSE | <input type="checkbox"/> CERTIFIED (Optional) |
| Select one of the following two options: <input checked="" type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed) <input type="checkbox"/> UNLAPSED | |
| 2b COPY REQUEST | <input type="checkbox"/> CERTIFIED (Optional) |
| Select one of the following two options: <input checked="" type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED | |
| 2c SPECIFIED COPIES ONLY | <input type="checkbox"/> CERTIFIED (Optional) |

| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---|
| | | <i>Nothing on file</i> |
| | | |
| | | |
| | | |
| | | |

3 ADDITIONAL SERVICES:

Thru date: 4-22-05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

| | |
|----|---|
| 4a | <input checked="" type="checkbox"/> Pick Up |
| 4b | <input type="checkbox"/> Other |

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)