

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

AG NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT# 2005
 Amy 365-4092 or Karen 365-4864 000353

BC RETURN TO: (Name and Address)

The Paper Chase of
 Northwest Indiana, Inc.
 9505 Genevieve Drive
 St. John, IN 46373

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 **POZZO TRUCK CENTER INC**

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 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 CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		Nothing on file

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 Pick Up

4b Other

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