	-		
			c_{++}
			LAKE COUNT
			FILED FOR TECHN
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	*ULLY 2005 (00406	2005 MAY -6 AM 9: 26
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #			(4) 24 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Amy 365-4082 or Karen 365.4864 BDRETURN TO: (Name and Address)			MONTH IN PHOMIN
T-	-	_	A CLEAN WATER OF
<u> </u>		4	
The Paper Chase of			
Northwest Indiana, Inc. 9505 Genevieve Drive			
St. John, IN			
	_		
ADDEDTOD WAYE			E IS FOR FILING OFFICE USE ONLY
1□DEBTOR NAME to be searched - insert only one 1acorganization's name	debtor name (1g or 1b) - do not abbreviat	e or combine names	
(x, can)	t 80 94 L	LC	
OR 16/INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX
AND DAMATION OPTIONS AND			11.00
-2 INFORMATION OPTIONS relating to UCC fill 2a ISEARCH RESPONSE CERTIFIED (O		illing office that include as a Debto	or name the name identified in item 1:
_	ALL (Check this box to request a	response that is complete, including	ng filings that have lapsed() UNLAPSED
2bDCOPY REQUEST CERTIFIED (O	<u> </u>		
	ALL UNLAPSED		
2cd SPECIFIED COPIES ONLY	RTIFIED (Optional)		
Record Number	Date Record Flled (if required)	Type of Record and Additiona	I identifying information (if required)
A ADDITIONAL DEDVICES			
3UADDITIONAL SERVICES:			
		Thru date:	5-5-05
4□DELIVERY INSTRUCTIONS (request will be completed) 4a□ Pick Up	eted and mailed to the address shown in	item B unless otherwise instructed here	»):
4b Other			
	n this office); provide delivery information (eQ	Odelivery service's name, addressee's acco	ount # with delivery service, addressee's phone #, etc()