			LAKE COURT	
	2005	0001.21	2005 117 10 1	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT (optional) Amy 365-4092 or Karen 366-4864 BORETURN TO: (Name and Address)			Part of ACMM	
The Paper C Northwest Ind 9505 Genevie St. John, IN	lana, inc. ve Drive	THE ABOVE SPACE	e is for filing office u	ISE ONLY
1DDEBTOR NAME to be searched - insert only an	g debtor name (1s or 1b) - do not abbrevisi	te or combine names		
OR 16FINDIVIDUAL'S LAST NAME	mental Con	loi, Inc.	MIDDLE NAME	SUFFIX
ZbDCOPY REQUEST CERTIFIED (Select one of the following two options:	ALL (Check this box to request a	response that is complete, includi	ng filings that have lapsed()	UNLAPSED
Record Number	Date Record Filed (If required)	Type of Record and Additiona	i identifying information (i	f required)
		Nothing		
3LIADDITIONAL SERVICES:				
		•		
				÷
		Thru date		
40DELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the address shown in	n item 8 unless otherwise instructed her	a) :	
	rom this office); provide delivery information (e)	Odelivery service's nerve, addressee's acc	ount # with delivery service, address	see's phone W. stoff