INFORMATION REQUEST				LARE COM			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #				FILED FOR DECUM			
Amy 365-4082 or Karen 365-4864			H 22	2005 KIN LO PH 1: 07			
ECHCETOR TO: (Name and Address)				Zona i i i i i i i i i i i i i i i i i i i			
The Paper Chase of Northwest Indiana, Inc.			1	MICHAEL & BROWN			
			MACCOLL IN				
9505 Genevieve Drive St. John, IN 46373							
L		_	╝,	THE ABOVE SPAC	E IS FOR FILING OFF	FICE USE ONLY	
10DEBTOR NAME to be searched - Insert only one	debtor name (1a or 1b) - de	o not abbrevisti			E 13 FORT IEMS OF	102 002 01421	
Incorganization's NAME Inland Real Est			ate	Corpo	ration		
OR 15/INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE NAME	SUIFIX	
·20INFORMATION OPTIONS relating to UCC file		on file in the f	iling office the	l include as a Debte	r name the name ide	ntified in item 1:	
2eDSEARCH RESPONSE CERTIFIED (O Select one of the following two options:	ptional) ALL (Chack this box	to request a r	response that i	s complete, includi	na filinas that have las	sed() UNLAPSED	
2bDCOPY REQUEST CERTIFIED (O	ptional)						
	ALL U	NLAPSED	<u></u>		<u> </u>		
Passed All makes	Data Report Filed	414	Time of Base		I de ette de a le forma	etton Warmingto	
Record Number	Date Record Filed	(it required)	Type of Rec	ord and Additiona	il identifying informa	stou (a reduised)	
					7		
ZUADDITIONAL REBVICES:							
3LADDITIONAL SERVICES:							
	•		Thr	u date	. 5-9-	05	
40DELIVERY INSTRUCTIONS (request will be comp 4a□ Pick Up	leted and mailed to the ad	dress shown in	item 8 unless o	therwise instructed he	re):		
4bt Other							
Specify desired method bern (if available fro	m this office); provide delivery	y information (et	(Idelivery service)	name, addressee's ac	ount # with delivery service	, addressee's phone #, etc()	