			LAND ON THE STATE OF THE STATE	•
INFORMATION REQUEST FOLLOW INSTRUCTIONS (from and back) CARE	FULLY 2005 (	յ0 4 3 3	2005 Nor 16 AH 10: 1	
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 or Karen 36  BERETURN TO: (Name and Address)	FIRMS OFFICE ACCT #		MIGHAR A TROWN	1
The Paper C Northwest Indl 9505 Genevie St. John, IN	hase of lana, Inc. ve Drive			
L	<u>-</u>	THE ABOVE SPACE	E IS FOR FILING OFFICE USE O <u>NL</u>	.Υ
10DEBTOR NAME to be searched - insert only one 10DRGANIZATION'S NAME		e or combine names	ES INC	· · · · · · · · · · · · · · · · · · ·
OR THEINDIVIOUAL'S LAST NAME	FIRST NAME		MIDOLE NAME 5	UFFIX .
2bil COPY REQUEST CERTIFIED (C Select one of the following two options:	ALL (Check this box to request a	response that is complete, includ	ing filings that have lapsedQ U	NLAPSED
Record Number	Date Record Flied (# remired)	Type of Record and Addition	al identifying information (#require	
	Corp sands & sing ( a sadman)	Type of Today of the Addition	at merkit firig timeratienen (a reduite	<del>'</del>
		·		
		·		******
3LADDITIONAL SERVICES:				
	. ,	نا است	C-12 -25	
		Thru date	: 5-13-05	<b>-</b>
40DELIVERY INSTRUCTIONS (request will be comp	nieted and maifed to the address shown in	hern B unless otherwise instructed he	re):	
Specify dealed multical horn of available to	on this office): provide delivery information (edi	Odelivery service's nume, addresses's ac-	count # with delivery service, addressee's phor	na W, esta (\$