FORMATION REQUEST LLOW INSTRUCTIONS (Front and back) CAREFULLY DINAME & PHONE OF CONTACT [optional] Above 365-4092 or Karen 365-4864 SRETURN TO: (Name and Address)		0 0444	PILED FOR WELLS 2005 MAIN 17 AM St. 19 MORE THE STAN	
The Paper C Northwest Indi 9505 Genevier St. John, IN	ana, Inc. ve Drive 46373 —		ACE 19 FOR FILING OFFI	
THEORGANIZATION'S NAME ROBINSO	on Steel Co	Inc.		lours v
16FINDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
Record Number	Date Record Filed (if required)	Type of Record and Addition	nal identifying informati	on (Ifraquired)
ADDITIONAL SERVICES:				
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DELIVERY INSTRUCTIONS (request will be comp	eted and mailed to the address shown in it	ern B unless otherwise instructed	hera):	