| INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF ADNAME & PHONE OF CONTACT (optional) Anny 365-4092 or Karen 36 BORETURN TO: (Name and Address) The Paper CI Northwest India 9505 Geneview St. John, IN | Filing OFFICE 5-4864 Filing OFFICE Onase of ana, Inc. re Drive 46373 | | | | 2005 MAY 1 7 | AM 9: 4 |
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| -2DINFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Dabter name the name identified in item 1: 2aDSEARCH RESPONSE | | | | | | |
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| 3UADDITIONAL SERVICES: | | | hru date | . 5-11 | ¢ ~ C'5 | |
| 40DELIVERY INSTRUCTIONS (request will be completed) | eted and mailed to the address | | | | 3 | |
| 48E Pick Up 4bE Other Specify desired method here (Il available from | n this office); provide delivery info | ormation (e@Udailvery | service's name, addressee's ac | count # with delivery s | ervico, addressee's pho | ne #, etc() |