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			ANE LEGAT EDFTE SEUD.	
		F 1	LUTIFICATION	
		2005	W. 50 1317	50
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULL 2 0 0 5 0 0 4 AGNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #		56		
FOLLOW INSTRUCTIONS (front and back) CARE ADNAME & PHONE OF CONTACT (optional)	FULLY U U G OFFICE ACCUM	-		7
Amy 365-4082 or Karen 3	65.4864	1		
BDRETURN TO: (Name and Address)				
Γ	-	7		
The Paper C	hase of			
Northwest Inc	llana, Inc.	ı		
9505 Genevie St. John, IN		i i		
51. JOH), HV	403/3	ł		
			CE IS FOR FILING OFFIC	E USE ONLY
DEBTOR NAME to be searched - insert only on 1sDORGANIZATION'S NAME	g debtor name (1s or 1b) - do not abbrevia	e or combine names		
				_
THE	FIRST NAME	Tean	MIDDLE NAME	SUFFIX
Critser			110000	to discuss de
29DSEARCHRESPONSE CERTIFIED (-	filling office that include as a Del	otor name the name identi	led in item 1:
Swiect one of the following two options:	<u></u>	response that is complete, inclu	ding filings that have lapse	HO UNLAPSED
26DCOPY REQUEST CERTIFIED (
	ALL UNLAPSED			
26 SPECIFIED COPIES ONLY	RTIFIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Addition	nai identifying informatk	on (if required)
		NOTTI	na on fin	le.
			9	
UADDITIONAL SERVICES:				
DADDITIONAL OLIVIOLO.				
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			1	/
		Thru date	: 5/19/	05
DDELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the address shown in	Item B unless otherwise instructed h	ore):	
4aDX Pick Up 4bD Other				
	om this office); provide delivery information (et)	Odeńnew service's terme, addressow's a	TO USE II with defense service, wil	descens's throng at ot-10