|  | •  | i                                     |                               |             |
|--|--|---------------------------------------|-------------------------------|-------------|
|  |  | L                                     | AKE CLOBE                     |             |
|  |  | FILE                                  | EO FOR TECU                   |             |
| INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULD 1 5 0 0 4 5 ADNAME & PHONE OF CONTACT (optional)  FILING OFFICE ACCT # |  | 8 2005 MAY 20 AM (II) 5 '             |                               |             |
|  |  |                                       |                               |             |
| Amy 365-4082 or Karen 3 BORETURN TO: (Name and Address)  | 65.4864                                      |                                       | AT A BOWN -<br>Ribbarda       |             |
|  | -  | <b> </b>                              | filadi wa waki sa ili di s    |             |
| The Paper C  | Chase of                                     |                                       |                               |             |
| Northwest inc  | liana, Inc.                                  |                                       |                               |             |
| 9505 Genevie<br>St. John, IN   |  | 1                                     |                               |             |
| L  | -  | THE AROVE SPACE                       | E IS FOR FILING OFFICE U      | SF ONLY     |
| 1DDEBTOR NAME to be searched - insert only on  | ne debtor name (1a or 1b) - do not abbreviat |                                       | 2107 017 12110 0771020        |             |
|  | Express, Inc                                 | 2                                     |                               |             |
| OR THINDIVIDUAL'S LAST NAME  | FIRST NAME                                   |                                       | MIDOLE NAME                   | SUFFIX      |
| -20INFORMATION OPTIONS relating to UCC   | filings and other notices on file in the     | filing office that include as a Debic | or name the name identified   | is item 1:  |
| 2aDSEARCHRESPONSE CERTIFIED ( Select one of the following two options:   | <u>'</u> '                                   | manage that is complete, including    | no filings that have learned! | □ UNLAPSED  |
| 2bBCOPY REQUEST CERTIFIED (  |  | response time is complete, stolutil   | ing inings that have impossed | UNDAFSED    |
|  | ALL UNLAPSED                                 |                                       |                               |             |
| 200 SPECIFIED COPIES ONLY  | ERTIFIED (Optional)                          |                                       |                               |             |
| Record Number  | Date Record Filed (If required)              | Type of Record and Additions          | lidentifying information (    | f required> |
|  | 1  |                                       |                               |             |
|  |  |                                       |                               |             |
|  |  | Nuthing                               | on file                       |             |
|  |  | Nuthing                               | on file                       |             |
|  |  | Nuthing                               | on file                       |             |
| SUADDITIONAL SERVICES:   |  | Nuthing                               | on file                       |             |
| 3UADDITIONAL SERVICES:   |  | NUTHING                               | ON FIYE                       |             |
| 3UADDITIONAL SERVICES:   |  | Nuthing                               | ON file                       |             |
| 3UADDITIONAL SERVICES:   |  | Nuthing                               | ON FIVE                       |             |
| 3UADDITIONAL SERVICES:   |  | NUTHING                               | ON FIYE                       |             |
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| 3UADDITIONAL SERVICES:   |  | Nuthing                               | ON FIVE                       |             |
| 3UADDITIONAL SERVICES:   |  | Thru date                             |                               | 25          |
| 40DELIVERY INSTRUCTIONS (request will be com   | pleted and mailed to the address shown in    | Thru date                             | 5/19/0                        | 25          |