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| | | | LAKE OL: FILED FOR I | |
| INFORMATION REQUEST 2005 | | 00461 | 2005 MAY 23 AM 10: 30 | |
| ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864 BORETURN TO: (Name and Address) | | | MOSC. A P | |
| BDRETURN TO: (Name and Address) | - | - | Carrie and | 1.7 |
| The Paper Ct Northwest India 9505 Geneview St. John, IN | ana, Inc. ve Drive | | | |
| 1DDEBTOR NAME to be searched - insert only one | debtor name (1a or 1b) - do not abbreviat | | CE IS FOR FILING OFFICE | USE ONLY |
| | OCK Propert | ies, Inc | | |
| OR 15 THIDIVIDUAL'S LAST NAME | TOO T NAME | 1 | MIDDLE NAME | SUFFIX |
| 2DINFORMATION OPTIONS relating to UCC fife 2aDSEARCH RESPONSE CERTIFIED (O) | _ | filing office that include as a Deb | for name the name identifie | d in item 1: |
| Select one of the following two options: | ALL (Check this box to request a | response that is complete, includ | ding filings that have lapsed | UNLAPSED |
| 2bDCOPY REQUEST CERTIFIED (O | ALL UNLAPSED | | | |
| 2ct Specified Copies ONLY | TIFIED (Optional) | | | |
| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) | | |
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| 3UADDITIONAL SERVICES: | | • | | |
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| | • | Thru date | | 25 |
| 40DELIVERY INSTRUCTIONS (request will be completed in the complete of the comp | ted and mailed to the address shown in | item B unless otherwise instructed he | 10): | |
| 4bC Other | | | | |