		<u>.</u>	LAKE COUNTY	
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2 0 0 5 0 0 0 1		000 MEN 00 150 10 59		
ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 36 BERETURN TO: (Name and Address) The Paper Ch Northwest India 9505 Geneviev St. John, IN 4 10DEBTOR NAME to be searched - insert only one 1actorganization's NAME OR 1brindividual's Last NAME -2cinformation Options relating to UCC fill 2adsearch response Certified (O	Dase of cind, Inc. The Drive 16373 debtor name (1s or 1b) - do not abbreviate of 1st or 1b) - do not abbreviate of 1st or 1b) - do not abbreviate of 1st or	THE ABOVE SPACE or combine names	CE IS FOR FILING OFFICE L	ISE ONLY
		response that is complete, includ	ing filings that have sapsed()	UNLAPSED
Record Number	Date Record Filed (H required)	Type of Record and Addition	al Identifying Information (if required)
		Mothers)	or file	
3UADDITIONAL SERVICES:			:	
	· .	Thru date	: _5/23/0	5
40DELIVERY INSTRUCTIONS (request will be completed) 4aC Pick Up 4bC Other Specify desired method bars (if available from				see's thome #, etcD