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NEODWATION BEOLIEST		SWIELE	
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CARE	FULLY	LAKE CUCK FILED FOR REC	i
Amy 365-4082 or Karen 365-4864 2005 1			
Amy 365-4082 OR Karen 365-4864 2005 0 1 7 7		77 2005 MAT 25 PM 2	2: 43
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The Paper C	hase of	Might in RO Rin i	y : : .
Northwest Indi	ana, Inc.		
9505 Genevie St. John, IN			
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DERTOR NAME to be searched a insert only one	debtor name (1a or 1b) - do not abbreviate or combine na	THE ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
1acorganization's name			
OR 16/INDIVIDUAL'S LAST NAME	ACQUISITION IFIRST NAME	MIDDLE NAME	SUFFIX
	, 45.10	I Waste Traine	00.75
_	•	t include as a Debtor name the name identified in it	em 1:
2a DSEARCH RESPONSE CERTIFIED (C Select one of the following two options:	ptional) ALL (Check this box to request a response that	is complete, including filings that have lapsed().	UNLAPSED
2bDCOPY REQUEST CERTIFIED (C		e complete, melecing minge that have inpected	
	ALL UNLAPSED		
200 SPECIFIED COPIES ONLY	RTIFIED (Optional)		
Record Number	Date Record Filled (if required) Type of Rec	ord and Additional Identifying Information (if re-	quired)
JADDITIONAL SERVICES:			
	Thr	u date:	
DELIVERY INSTRUCTIONS (request will be comp	leted and mailed to the address shown in item B unless of	herwise instructed here):	
4a Pick Up		•	
4bC Other Specify desired method here (if available for	m this office): provide delivery information (efficiency service)	name, addressee's account # with delivery service, addressee's	t nhone # ahr®
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