

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000530

2005 JUN -9 PM 12:25

|                                                                                                                                              |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| ADNAME & PHONE OF CONTACT (optional)<br><b>Amy 365-4082 or Karen 365-4864</b>                                                                | FILING OFFICE ACCT # |
| B RETURN TO: (Name and Address)<br><br><b>The Paper Chase of<br/>Northwest Indiana, Inc.<br/>9505 Genevieve Drive<br/>St. John, IN 46373</b> |                      |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                                            |                           |            |             |        |
|------------------------------------------------------------|---------------------------|------------|-------------|--------|
| 1a ORGANIZATION'S NAME<br><b>RUSH ELECTRIC SERVICE INC</b> |                           |            |             |        |
| OR                                                         | 1b INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c SPECIFIED COPIES ONLY  CERTIFIED (Optional)

| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---------------------------------------------------------------------|
|               |                                 | <i>Nothing on file</i>                                              |
|               |                                 |                                                                     |
|               |                                 |                                                                     |
|               |                                 |                                                                     |
|               |                                 |                                                                     |

3 ADDITIONAL SERVICES:

Thru date: 6/8/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a  Pick Up  
 4b  Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)