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		Lake	FILED FOR RECOM
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAR			2005 Jun 20 MM 11: 27
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 or Kazen 3  BORETURN TO: (Name and Address)	65-4864 FILING OFFICE AGOT S	D00565	MICHAEL & CHOMM
Г			Passa - F
The Paper ( Northwest Inc 9505 Genevi St. John, IN	diana, I <b>nc.</b> eve Drive		
L		THE ABOVE SPACE IS F	FOR FILING OFFICE USE ONLY
OR THE TO NAME TO be searched - Insert only of The CONTROL OF THE TOTAL OF THE TOTA			
20NFORMATION OPTIONS relating to UCC		filing office that include as a Debtor name	ne the name identified in Item 1:
2mBSEARCH RESPONSE CERTIFIED Select one of the following two options:		response that is complete, including fili	ngs that have lapsed() UNLAPSED
2b0COPY REQUEST CERTIFIED  Select one of the following two options:	(Optional)  ALL UNLAPSED		
20D SPECIFIED COPIES ONLY	ERTIFIED (Optional)		
Record Number	Date Record Filed (if required)	Type of Record and Additional Idea	ntifying information (if required)
		Mothers on til	1
		Mothers on Jel	
3UADDITIONAL SERVICES:			
	•		
	•	Thru date:	10-17-05
4DDELIVERY INSTRUCTIONS (request will be con	npleted and mailed to the address shown is	n (tern 8 unless otherwise instructed here):	
4bC Other Specify desired method begs (if available	from this office); provide delivery information (el	@Ddolivery service's name, addressee's account #	with delivery service, addressee's phone #, etc()