				,	ATATE:	(abeli	
NEODWATION REQUEST					FILEOF	FILED FOR RECORD	
DILOW INSTRUCTIONS (front and back) CAREFULLY DELING OFFICE ACT 0 0 0 5 8 9					2005 JUN 2	2005 JUH 29 PH 3: 46	
NAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 PRETURN TO: (Name and Address)					M*CHAF	M.C-Pate v selony	
	,			7	D46	an 120	
No	ne Paper Ch rthwest Indic 2505 Geneviev St. John, IN 4	ana, Inc. e Drive		THE ABOVE S	PACE IS FOR FILING OFFIC	ELISE ONLY	
DEBTOR NAME to be sea	rched - insert only one o	ebtor name (1a or 1b) - o	do not abbreviate		FACE IS FOR FILING OFFIC	E USE ONL!	
1acorganization's name 1brindividual's Last name	Sout	HLAK	FIRST NAME	NISSAA) INC	SUFFIX	
					and the second		
Record Number	NLY CER	TIFIED (Optional) Date Record Filed	(if required)	Type of Record and Add	tional identifying informatio	on (if required)	
				Nothing on	gile .		
ADDITIONAL SERVICE	9.						
DADDITIONAL SERVICE							
		٠.			10/20/	0	
				Thru da	te: 0/28/	2	
	NS (request will be comp	eleted and mailed to the	address shown i	in item B unless otherwise instruc	ted here):		
4a DY Pick Up							
Specify desired	method here (if available for	on this office): provide deliv	nov information (e	Midelinery service's name address	se's account # with delivery service, ac	irimesan's phone # atri	