			S I. Fil	MÁE GULAT ED FOR AECOT	
NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY	2005	2005 000611		2005 JUL - 7 AM 9: 3	
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 BORETURN TO: (Name and Address)	LING OFFICE ACCT #		· ·	HVELALBROWN REC. Y. TH	
The Paper Chase of Northwest Indiana, Ind 9505 Genevieve Drive St. John, IN 46373	s. 	THE ABOVE SPAC	e is for filing offic	E USE ONLY	
TECORGANIZATION'S NAME Delphi Commercial Phinodividual's LAST NAME			. MIDOLE NAME	SUFFIX	
DINFORMATION OPTIONS relating to UCC filings and other 2eOSEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: ALL (Chect 2bDCOPY REQUEST CERTIFIED (Optional) Select one of the following two options: ALL 2cd Specified Copies Only CERTIFIED (Optional)	k this box to request a respo			The second second	
		pe of Record and Additions	al identifying informatio	n (if required)	
	Λ	Jothing on	Jula		
UADDITIONAL SERVICES:					
	Sub-Suite	Thru date	. 7/6/e	05	
DELIVERY INSTRUCTIONS (request will be completed and mailed 4a D Pick Up 4b D Other Specify desired method bern (if available from this office); pro		Acres 100		ressee's phone #, etc3	
II ING DEFICE COPY (4) NATIONAL INFORMATION REC	DIEST FORM HOCH IN IR	EV/75/09/01)			