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INFORMATION REQUEST	2005 00	0655 Lar	THE SECULIA
FOLLOW INSTRUCTIONS (front and back) CAREI ADNAME & PHONE OF CONTACT (optional)	FULLY ZOOS	_	MIC-A-L
1 Amy 365-4082 OR Karen 36	5.4864		
BORETURN TO: (Name and Address)			
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The Paper Cl Northwest Indi			
9505 Genevier	ve Drive		
St. John, IN	46373	d	
1DDEBTOR NAME to be searched - insert only and	deblor manue (10 or 1h) , do not white in		CE IS FOR FILING OFFICE USE ONLY
1aCORGANIZATION'S NAME			
OR THINDIVIDUAL'S LAST NAME	Senior HOW	sing LLL	SUFFIX
2dNFORMATION OPTIONS relating to UCC fill 2eUSEARCH RESPONSE CERTIFIED (O	ings and other notices on file in the	filing office that include as a Deb	tor name the name identified in item 1:
Select one of the following two options:	ALL (Check this box to request a	response that is complete, includ	ting filings that have tapsed UNLAPSED
2bDCOPY REQUEST CERTIFIED (O Select one of the following two options:	ptional) ALL UNLAPSED		
	RTIFIED (Optional)		
Record Number	Date Record Filed (it required)	Type of Record and Addition	al Identifying Information (if required)
7.656,07.6	Date (100014) ned (11)6quileo)	Type of Neobroand Addition	
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3LADDITIONAL SERVICES:	the seeks of		
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		Thru date	: 1-00-05
ADDELIVERY INSTRUCTIONS (request will be completed)	eted and mailed to the address shown in	item 8 unless otherwise instructed he	(a):
4a C Pick Up			
4bt Other Specify desired method hern (if available from	this office); provide delivery information (eth)	Odolivery service's name, addressee's acc	count # with delivery service, addressee's phone #, etc.()
FII ING OFFICE COPY (1) _ NATIONAL INFORM			