INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 or Karen 36 BORETURN TO: (Name and Address) The Paper Ch Northwest India 9505 Geneview St. John, IN 4	FILING OFFICE ACCT IN A SECOND ACCT IN A	000656	LAKE COUR FILED FOR RE 2005 JUL 25 PM	COR 17: 49
<u>L</u>		THE ABOVE SPACE	IS FOR FILING OFFICE US	E ONLY
1DDEBTOR NAME to be searched - insert only one	debtor name (1s or 1b) - do not abbrevi		IS FOR FILING OFFICE US	E ONE!
1 DECREANIZATION'S NAME Wallick	Enterprise	s Inc.		
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAM		NO NAME	SUFFIX
	otional) ALL (Check this box to request	e response that is complete, includin		UNLAPSED
Record Number	Date Record Filled (if required)	Type of Record and Additional	Identifying Information (if	equired)
		Nothing on	die	
BUADDITIONAL SERVICES:		Thru date:	7-22-0	<u></u>
40DELIVERY INSTRUCTIONS (request will be completed by Pick Up 4bc Other		in Item B unless otherwise instructed here @Ocohery service's name, addressee's acco		e's bhone #. etc0

FILING OFFICE COPY (1) ... NATIONAL INFORMATION REQUEST (FORM LICCLY) (REVIDE/09/01)