SFALE SE DIGITAL LAKE COUNT INFORMATION REQUEST FILED FOR RECORL FOLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT # Amy 365-4082 or Karen 3650845 BORETURN TO: (Name and Address) 2005 AUG - 2 AM 10: 43 00068 MICHAEL F BROWN RELEASE F The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1□DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate 1acorganization's name OR 15/1NDIVIDUAL'S LAST NAME SUFFIX 2DINFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1: 2a DSEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: 🛛 ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED 26DCOPY REQUEST CERTIFIED (Optional) Select one of the following two options: X ALL UNLAPSED 2c SPECIFIED COPIES ONLY CERTIFIED (Optional) Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) **Record Number 3UADDITIONAL SERVICES:** Thru date: _ 6-1-05 40DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

Specify desired method here (if available from this office); provide delivery information (eQDdelivery service's name, addressee's account # with delivery service, addressee's phone #, etcD

4a D Pick Up