				STAIL	
			LAKE ON RECOR		
NFORMATION REQUEST			2005 AUG -5 AM 9: 57		
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 0 0 5 0 7 0 3			THOP/E RROWN		
RETURN TO: (Name and Address)	_			, Mrg	
T		4			
The Paper Northwest In 9505 Genev	diana, Inc. Jeve Drive				
St. John, If	N 46373				
DEBTOR NAME to be searched - insert only	one debtor name (1a or 1b) - do not abbreviat		ABOVE SPACE IS	FOR FILING OFFIC	E USE ONLY
	lill Funding, Li		Partner	ship	
16/1NDIVIDUAL'S LAST NAME	FIRST NAME			DOLE NAME	SUFFIX
	ten en speriod little				
28 USEARCH RESPONSE CERTIFIED		filing office that inc	lude as a Debtor n	ame the name identifi	ed in item 1:
Select one of the following two options:	ALL (Check this box to request a	response that is co	omplete, including	filings that have lapse	dg UNLAPS
250 COPY REQUEST CERTIFIED					
Select one of the following two options:	ALL UNLAPSED				
2cd SPECIFIED COPIES ONLY	CERTIFIED (Optional)				4°
Record Number	Date Record Filed (if required)	Type of Record	and Additional lo	dentifying Information	n (if required)
752 363 0					
		A.			
	A 535 A				
ADDITIONAL SERVICES					
JADDITIONAL SERVICES:					
	•				
				1 /	•
		Thru	date:	8/4/	
DELIVERY INSTRUCTIONS (request will be o			date:		ý

Specify desired method hare (if available from this office); provide delivery information (eQDdelivery service's name, addressee's account # with delivery service, addressee's phone #, etc0