INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and bac ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Kar BORETURN TO: (Name and Address)	k) CAREFULLY DD S	5_000 7 !	၂	³ 3 Út	STATE LARI FILEO F 2005 AUG -	5 AM 9:58
The Par Northwes 9505 Ge	per Chase of st Indiana, Inc. enevieve Drive nn, IN 46373	<u>-</u>	THE AS	IOVE SPACE IS E	OR FILING OFFIC	BROWN
1DDEBTOR NAME to be searched - inse	ert only one debtor name (1a o	r 1b) - do not abbreviate				
18 CORGANIZATION'S NAME	eside Er	nergy L	10			
OR 15/1NDIVIDUAL'S LAST NAME	eside u	FIRST NAME		MIDO	E NAME	SUFFIX
ID INDIVIDUAL S EAST NAME		THAT I WANTE		I I	L NAME	05.75
2cDSPECIFIED COPIES ONLY Record Number	Date Record		Type of Record an	d Additional ide	ntlifying Informatio	on (if required)
		A. T. S.				
	. 230	THE PLAN				
3UADDITIONAL SERVICES:						
			\$			
			Thru	date: .	2/4/	05
40DELIVERY INSTRUCTIONS (request was 40DELIVERY Deck Up 4bC Other		o the address shown in	item B unless otherwise	instructed here):		