INFORMATION REQUEST			LARE	Comis	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			FILED'FI	FILED FOR RECONT	
ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 OR Karen 365-4864 FILING OFFICE CONTACT (Optional)				2005 AUG     AM 10: 59	
BDRETURN TO: (Name and Address)	_		1710 - 2 m		
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The Paper C Northwest Ind 9505 Genevie St. John, IN	liana, Inc. eve Drive				
	14 M. Co.		SPACE IS FOR FILING OFFIC	E USE ONLY	
1DEBTOR NAME to be searched - insert only on	g debtor name (1a or 1b) - do not abbreviat	te or combine names			
Midi	western Electr	ric Inc.			
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX	
·2DNFORMATION OPTIONS relating to UCC					
	Optional)  ALL UNLAPSED  ERTIFIED (Optional)				
Record Number	Date Record Filed (if required)	Type of Record and Ad	ditional identifying information	an (Kracuizad)	
Record Number	Date Record Filed (If required)	Type of Record and Add	ditional identifying informatic	orr (ir requireo)	
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3LIADDITIONAL SERVICES:					
SUADDITIONAL SERVICES.					
		They do	ite: 8/10/	( <b>0</b> 5	
		THE U			
40DELIVERY INSTRUCTIONS (request will be con	pleted and mailed to the address shown if	n item B unless otherwise instru	cted here):		
	from this office); provide delivery information (e)	@Ddelivery service's name, address	see's account # with delivery service, ad	dressee's phone #, etc()	