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FORMATION REQUE		000= 000		
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Amy 365-4082 OR		ENG OFFICE AGGT #	9.65	
RETURN TO: (Name and Address)			Ivin to	WM
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The F	Paper Chase of			
	vest Indiana, In			
9505	Genevieve Drive			
St.	John, IN 46373	ı		
<u> </u>			THE ABOVE SPACE IS FOR FILING OF	FICE USE ONLY
EBTOR NAME to be searched	- insert only one debtor name (1a or 1b) - do not abbreviate or combine	names	
1 EDRGANIZATION'S NAME	hitera Ir	dustries I	nC.	
16/1NDIVIDUAL'S LAST NAME	31.000	FIRST NAME	MIDDLE NAME	SUFFIX
VFORMATION OPTIONS rela	iting to UCC filings and oth	er notices on file in the filing office	that include as a Debtor name the name ide	ntified in item 1:
Select one of the following tw	CERTIFIED (Optional) o options: ALL (Che	ck this box to request a response t	nat is complete, including filings that have la	psed() UNLAPS
	CERTIFIED (Optional)			
Select one of the following tw		UNLAPSED		
COSPECIFIED COPIES ONLY	CERTIFIED (Op	lional)		
Record Number	Date Rec	ord Filed (if required) Type of F	Record and Additional Identifying Inform	ation (if required)
		0/4	thing	
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ADDITIONAL SERVICES:				
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	est will be completed and mai	led to the address shown in item B unle		05
DELIVERY INSTRUCTIONS (required) 4a Delivery Pick Up 4b Delivery Other	iest will be completed and mai			0.5