INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFT			FILED FOR RECON-
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 or Karen 36: BORETURN TO: (Name and Address)	FILING OFFICE ACCT #		2005 AUG 22 PK 4: 2
		2005 000761	NOTE : SPOW
The Paper Ch Northwest India 9505 Geneview St. John, IN 2	ana, Inc. re Drive		
	·		OR FILING OFFICE USE ONLY
18DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbrev	ACQUISITI	DAIC I I C
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAI		E NAME SUFFIX
	ptional) ALL (Check this box to request	e filing office that include as a Debtor name	
	ALL UNLAPSE	D	
Record Number	Date Record Filed (if required	type of Record and Additional Idea	ntifying Information (if required)
		NOTHING	on file
3⊔ADDITIONAL SERVICES:			0
		Thru date:	8/22/05
4aDELIVERY INSTRUCTIONS (request will be comp 4aDE Pick Up 4bD Other Specify desired method here (if available for		n in item B unless otherwise instructed here); (e@Ddelivery service's name, addressee's account it	f with delivery service, addressee's phone #, etc(1)