INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A□NAME & PHONE OF CONTACT [optional] Karen + Amy 3654082/365-4864

FILING OFFICE ACCT #

B□RETURN TO: (Name and Address)

The Paper Chase of
Northwest Indiana, Inc.
9505 Genevieve Drive
St. John, IN 46373

2005 000817

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 SEP -7 AM 11:09

MICHAEL A. BROWN
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1□DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a□ORGANIZATION'S NAME: Lyon Workspace Products LLC

OR

1b□INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2□INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a□SEARCH RESPONSE ☐ CERTIFIED (Optional)

Select one of the following two options: ☐ ALL (Check this box to request a response that is complete, including filings that have lapsed□) ☐ UNLAPSED

2b□COPY REQUEST ☐ CERTIFIED (Optional)

Select one of the following two options: ☐ ALL ☐ UNLAPSED

2c□SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		no records

3□ADDITIONAL SERVICES:

Thru date:

4□DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a□ ☐ Pick Up

4b□ ☐ Other

Specify desired method here (if available from this office); provide delivery information (e.g.□delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.□)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV□05/09/01)