	110 (			
NFORMATION REQUEST  FOLLOW INSTRUCTIONS (front and back) CAREFULLY  ADNAME & PHONE OF CONTACT (optional)  Amy 365-4082 or Karen 365-4864			LAKE COUNTY FILED FOR RECORD	
RETURN TO: (Name and Address)		00854	2005 SEP 20	PH 12: 53
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373			MICHAEL A. BROWN RECORDER	
	and the same		ACE IS FOR FILING OFFI	CE USE ONLY
1aCORGANIZATION'S NAME	t only one debtor name (1a or 1b) - do not abbreviate  ump Indiana  FIRST NAME	TENC	MIDDLE NAME	SUFFIX
bil COPY REQUEST CERT  Select one of the following two opti	IFIED (Optional) ons: ALL UNLAPSED CERTIFIED (Optional)			
Record Number	Date Record Flled (if required)	Type of Record and Additio	nal Identifying Informati	ion (if required)
DDITIONAL SERVICES:				
		Thru date		05
4aCX Pick Up 4bC Other	be completed and mailed to the address shown in it railable from this office); provide delivery information (edg)	and the same of th		ddressee's phone #, etc()