RMATION REQUEST W INSTRUCTIONS (front and back) C	AREFULLY		STALE	UF INDIAM.
ME & PHONE OF CONTACT (optional)	#	LAKI FILED F	LAKE COUNTY FILED FOR RECORD	
Amy 365-4082 or Karen 365-4864 2		05 000866	2005 SEP 23 PH 3: 12	
	20	000000	2000 307	23 111 3: 12
Northwest I 9505 Gene	r Chase of ndiana, Inc. evieve Drive IN 46373			L A. BROWN CORDER
Name and Address of the Owner, when the Owner,			E IS FOR FILING OFFI	CE USE ONLY
BTOR NAME to be searched - insert or aCORGANIZATION'S NAME	nly one debtor name (1a or 1b) - do not abb	reviate or combine names		
BOTH DIVIDUAL'S LAST NAME	STZIORIS FIRST	LOUIE	MIDDLE NAME	SUFFIX
FORMATION OPTIONS relating to U			for name the name ident	ified in item 1:
	ED (Optional)	the time office that module as a Debi	to name the name look	med m nem 1.
Select one of the following two options	s: X ALL (Check this box to requ	est a response that is complete, includ	ling filings that have laps	edi) UNLAPS
	ED (Optional)			
Select one of the following two option		SED		
	ACDITICICO (Ostional)			
SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (if requi	red) Type of Record and Addition	al identifying informat	ion (if required)
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