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NFORMATION REQUEST			LAKE CI	DUNTY
OLLOW INSTRUCTIONS (front and back) CAREFU	ILLY		FILEDFUN	MEGOND
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 or Karen 365	FILING OFFICE ACCT #	000873	2005 SEP 28	AM 10: 35
BURETURN TO: (Name and Address)	2005	100013		
		7	MICHAEL / RECO	RDER
The Paper Ch Northwest India 9505 Genevieve St. John, IN 46	ina, Inc. e Drive	THE ABOVE SP		
DEBTOR NAME to be searched - insert only one do	ebtor name (1a or 1b) - do not abbreviat		ACE IS FOR FILING OFFIC	E USE ONLY
1acorganization's NAME				
R THE MONTH CY	OVIONMENTAL	Center, Ir	MIDDLE NAME	SUFFIX
2bDCOPY REQUEST CERTIFIED (Options: Select one of the following two options:	ALL (Check this box to request a rional) ALL UNLAPSED TRIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Addition	onal Identifying Informatio	n (if required)
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		110 thing on	fili	
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LADDITIONAL SERVICES:				
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		Thru date	e: 937-0	<u> </u>
DELIVERY INSTRUCTIONS (request will be complet	ed and mailed to the address shown in	item B unless otherwise instructed	here):	
4a DY Pick Up				
Specify desired method here (if available from	this office); provide delivery information (et)	Odelivery service's name, addressee's	account # with delivery service, add	ressee's phone #, etc()