IFORMATION REQUEST ELLOW INSTRUCTIONS (front and back) CAREFUL	LΥ	STATE OF INDIANA LAKE COUNTY
ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864 2005 00000		FILED FOR RECORD 2005 OCT 17 AM IO: 50
DRETURN TO: (Name and Address)		MICHAEL A. BROWN
The Paper Cho Northwest Indian 9505 Genevleve St. John, IN 46	na, Inc. Drive	RECORDER
		VE SPACE IS FOR FILING OFFICE USE ONLY
TECORGANIZATION'S NAME TECORGANIZATION'S NAME THE TRANSPORT OF THE PROPERTY	laza Shopping Cent	er Luc'
2aDSEARCH RESPONSE CERTIFIED (Option Select one of the following two options: 2bDCOPY REQUEST CERTIFIED (Option Select one of the following two options: 2	ALL (Check this box to request a response that is completional) ALL UNLAPSED	
	FIED (Optional)	7
Record Number 5	Date Record Filed (if required) Type of Record and	Additional Identifying Information (if required)
ADDITIONAL SERVICES:		
and manufactured or where	γ	10 Record Coul late: 10/14/05
		1=1.11
L	Thru c	late: 10/14/05
DDELIVERY INSTRUCTIONS (request will be complete 4at Pick Up	Thru C	