

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ACNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864	FILING OFFICE ACCT #
B0RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 OCT 18 AM 10:56
MICHAEL A. BROWN
RECORDER

2005 0918

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME SMITH FAMILY PUBS LLC				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

20INFORMATION 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)
		<i>No thing on file</i>

30ADDITIONAL SERVICES:

Thru date: 10/17/05

40DELIVERY 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 (b)(4) (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 UCC-1) (REV/05/09/11)