INFORMATION REQUEST				Wiel	E OF INDIANA
FOLLOW INSTRUCTIONS (front and back) CA	OFFICE ACCT #	_	LAKE COUNTY FILED FOR RECORD		
AMY 365-4082 OR Karen	OFFICE ACCI #		FILE	FOR RECORD	
BORETURN TO: (Name and Address)		2003	000924	2005 OC	119 PM 1:27
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The Paper Northwest Ir 9505 Gene St. John,	_			EL A. BROWN ECORDER	
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18 DEBTOR NAME to be searched - insert only 18 CORGANIZATION'S NAME OR 16 CINDIVIDUAL'S LAST NAME	POT H	ILL F	UNDING-	, LIMITED	PARTNERSHIF
2DINFORMATION OPTIONS relating to UC 2aDSEARCH RESPONSE CERTIFIE Select one of the following two options: 2bDCOPY REQUEST CERTIFIE Select one of the following two options: 2cDSPECIFIED COPIES ONLY	D (Optional)  ALL (Check this D (Optional)		filing office that include as a [		
Record Number	Date Record Fil	led (if required)	Type of Record and Addit	ional Identifying Inform	eation (if required)
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40DELIVERY INSTRUCTIONS (request will be a	completed and mailed to the	e address shown in	item B unless otherwise Instructe	d here):	
4b[ Other Specify desired method here (if available	ole from this office); provide de	livery information (etc	Odelivery service's name, addressee	s account # with delivery service	a, addressee's phone #. etc®
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