ORMATION REQUEST			
NAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864	NG OFFICE ACCT #	5-1	STATE OF INDIANA
RETURN TO: (Name and Address)	2005	00925	FILED FOR RECORD 2005 OCT 19 PM 1:27
The Paper Chase of Northwest Indiana, Inc 9505 Genevieve Drive St. John, IN 46373	10		MICHAEL A. BROWN RECORDER
DEBTOR NAME to be searched - insert only one debtor name (12	or 1h) - do not abbreviate		SPACE IS FOR FILING OFFICE USE ONLY
1aCDRGANIZATION'S NAME IRON INCOME.	SIDE	ENER	RGY LLC
NFORMATION OPTIONS relating to UCC filings and other to SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: ALL (Check			Debtor name the name identified in item 1: ncluding filings that have lapsed() UNLAPSE
25DCOPY REQUEST CERTIFIED (Optional)		openies ella la complete, i	
Select one of the following two options: ALL CONSPECIFIED COPIES ONLY CERTIFIED (Options)	UNLAPSED		
CERTIFIED CORES ONLY			-
Record Number Date Recor	rd Flied (if required)	Type of Record and Add	litional Identifying Information (if required)
CANADA CONTRACTOR CONT			
ADDITIONAL SERVICES:			
IADDITIONAL SERVICES:			
ADDITIONAL SERVICES:			
ADDITIONAL SERVICES:			
JADDITIONAL SERVICES:			
ADDITIONAL SERVICES:		Thru do	te: 10/18/05
DELIVERY INSTRUCTIONS (request will be completed and maile	od to the address shown in		

a management