	•				
INFORMATION REQUEST					
FOLLOW INSTRUCTIONS (front and back) CAREF		4	STATE OF INDIAN	T.	
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #			LAKE COUNTY FILED FOR RECOR		
Amy 365-4082 or Karen 365.4864  BORETURN TO: (Name and Address)			FILED FOR RECORD		
Г	2005 07	DD 926	2005 OCT 19 PM 1:	27	
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373					
			MICHAEL A. BROW RECORDER	/N	
and the second seconds because in	and the contract of the contract of	THE ABOVE SPA	CE IS FOR FILING OFFICE US	EONLY	
1DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviat	te or combine names			
1atDRGANIZATION'S NAME	TH LAKE	ENFRGY	IJC.		
OR 15/1NDIVIDUAL'S LAST NAME	FIRST NAME	110110	MIDOLE NAME	SUFFIX	
	and the same		And the state of t	-10	
2bDCOPY REQUEST CERTIFIED (C Select one of the following two options:	ptional)  ALL (Check this box to request a	response that is complete, inclu		UNLAPSED	
Record Number	Date Record Filed (if required)	Type of Record and Addition	nal Identifying Information (if	required)	
	VALUE VIEW	1,0515			
3LADDITIONAL SERVICES:					
	•				
	· .	Thru date	e: 10/18/	25	
4@DELIVERY INSTRUCTIONS (request will be com	pleted and mailed to the address shown	in item B unless otherwise instructed	here):		
4a Pick Up					
4bC Other Specify desired method here (if available in	om this office); provide delivery information (e	Mildelines genérale name address -	second the side of the second second	ada abas - # -4-#	
Spousy domest mounts that (it available it	GIT SES CHICEJ, PICYTOS DEILYSTY INTOTTTATION (6	NULL CONTROL OF THE PROPERTY O	EXCUIR # WITH DELIVERY SERVICE, address	ee s pnone #, etc()	