NAME & PHONE OF CONTACT [optional]	REFULLY				A I A VE COUNTY
Amy 365-4002 or Karen		FFICE ACCT #			STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
Amy 365-4082 or Karen RETURN TO: (Name and Address)		2005	000944	20	05 OCT 27 PM 2: 4
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The Paper Northwest In 9505 Genev St. John, I	ndiana, Inc. vieve Drive		THE AROVE SP		MICHAEL A. BROWN RECORDER
DEBTOR NAME to be searched - insert only	one debtor name (1a or 1b)	- do not abbreviate or co		CE IS FOR FIEIR	OTTICE COL CIVET
16/INDIVIDUAL'S LAST NAME Voun Dy K	0	FIRST NAME	On	MIDDLE NAME	SUFFIX
NFORMATION OPTIONS relating to UC		es on the in the filing	onice that include as a De	bior name the nam	e identined in item 1:
Select one of the following two options:		oox to request a respo	nse that is complete, incl	uding filings that ha	ve lapsed() UNLAPSED
BOCOPY REQUEST CERTIFIE	D (Optional)				
Select one of the following two options:		UNLAPSED			
c SPECIFIED COPIES ONLY	CERTIFIED (Optional)				
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DELIVERY INSTRUCTIONS (request will be o			Thru date	/	W/65