ORMATION REQUEST				
OW INSTRUCTIONS (front and back) CA AME & PHONE OF CONTACT (optional)	FILING OFFICE	ACCT#	STATE OF LAKE C	OUNTY
Amy 365-4082 or Karen ETURN TO: (Name and Address)	365.4864		FILED FOR	RECORD
Γ	20	<b>05-4</b> 00953	2005 OCT 3 I	PM 2: 00
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373			MICHAEL A. BROWN RECORDER	
EBTOR NAME to be searched - insert only	y <u>one</u> debtor name (1a or 1b) - do not		SPACE IS FOR FILING OFFIC	E USE ONLY
EDRGANIZATION'S NAME				
DINDIVIDUAL'S LAST NAME	FIR	STNAME any	MIDDLE NAME	SUFFU
Select one of the following two options:  SPECIFIED COPIES ONLY  Record Number	CERTIFIED (Optional)  Date Record Filed (if re	quired) Type of Record and Ad	ditional identifying information	n (if required)
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