		·
FORMATION REQUEST		
OLLOW INSTRUCTIONS (front and bac	ck) CAREFULLY	STATE OF INDIANA
ADNAME & PHONE OF CONTACT [optional] Amy 365-4082 OR Karen 365-4864 BORETURN TO: (Name and Address)		LAKE COUNTY FILED FOR RECORD
Г	0005 0	
2005 00		00964 2005 NOV -3 PM 1:24
The Paper Chase of Northwest Indiana, Inc.		MICHAEL A. BROWN
9505 Genevieve Drive		RECORDER
St. John, IN 46373		
DERTOR NAME to be consider inc	ert only one debtor name (1a or 1b) - do not abbreviat	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1acorganization's NAME		111111111 1
TINDIVIDUAL'S LAST NAME	IDCO/WHITEC	
		filing office that include as a Debtor name the name identified in item 1:
2a DSEARCH RESPONSE CER Select one of the following two opt	TIFIED (Optional)	response that is complete, including filings that have lapsed() UNLAPSE
	TIFIED (Optional)	
Select one of the following two opt		
2c SPECIFIED COPIES ONLY	CERTIFIED (Optional)	
Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
ADDITIONAL SERVICES:		
	•	Thru date: 11-2-05
□DELIVERY INSTRUCTIONS (request w 4a□X Pick Up	rill be completed and mailed to the address shown in	item B unless otherwise instructed here):
4bC Other		Odelivery service's name, addressee's account # with delivery service, addressee's phone #, etc()