

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864 | FILING OFFICE ACCT # 2005 000986 |
| B D RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373 | |

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 NOV 10 AM 9:08
MICHAEL A. BROWN
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | |
|---|---------------------------|------------|-------------|--------|
| 1a ORGANIZATION'S NAME ILLIANA SECURITY INC | | | | |
| OR | 1b INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

| Record Number | Date Record Filed (if required) | Type of Record and Additional Identifying Information (if required) |
|---------------|---------------------------------|---|
| | | <i>Nothing on file</i> |
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| | | |

3 ADDITIONAL SERVICES:

Thru date: 11/9/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)