		•	
INFORMATION REQUEST			
FOLLOW INSTRUCTIONS (front and bac	k) CAREFULLY		STALE OF WALLE
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #		E ACCT#	LAKE COUNTY FILED FOR RECORD
Amy 365-4082 OR Karen 365.4864) BORETURN TO: (Name and Address)		000967	
		000301	2005 NOV 10 AM 9: 08
The Paper Chase of			MICHAEL A. BROWN RECORDER
Northwest Indiana, Inc. 9505 Genevieve Drive			TECOHDER
	nn, IN 46373		
and the same of th		THE AD	BOVE SPACE IS FOR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - inse	rt only one debtor name (1a or 1b) - do r		SOVE SPACE IS POR PILING OFFICE USE ONE.
1aCORGANIZATION'S NAME	MICTOTAL &	SECUPERU	MANAGEMENT INC
OR 16/1NDIVIDUAL'S LAST NAME	NO RIFIC	FIRST NAME	MIDDLE NAME SUFFIX
	The second second		
201NFORMATION OPTIONS relating	o UCC filings and other notices on	file in the filing office that include	e as a Debtor name the name identified in item 1:
	FIFIED (Optional)		olete, including filings that have lapsed() UNLAPSED
Select one of the following two opti	TIFIED (Optional)	request a response that is comp	olete, including filings that have lapsed () UNLAPSED
Select one of the following two opt	D	LAPSED	
200 SPECIFIED COPIES ONLY	CERTIFIED (Optional)		
Record Number	Date Record Filed (if	Type of Pecord and	d Additional Identifying Information (if required)
Record Number	Date Record Filed (II	required) Type of Record and	d Additional Identifying Information (Interdured)
		100) 1
Secretary and the		Nothing	on file
		0	- 0
	124 - 20		
3UADDITIONAL SERVICES:			
			,
	·	Thru	date: 11/9/05
		The Control of the Co	
ADDELINEDV INSTRUCTIONS (************************************			
and the second s	If be completed and mailed to the addre	ess shown in item B unless otherwise	instructed here):
4a Pick Up 4b Other	ill be completed and mailed to the addra	ess shown in item B unless otherwise	instructed here):