NFORMATION REQUEST		STATE OF INDIANA
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #		LAKE COUNTY
Amy 365-4082 or Karen 365-4864 BORETURN TO: (Name and Address)		FILED FOR RECORD
	2005 00 1 988	2005 NOV 10 AM 9: 08
The Paper CI	nase of	MICHAEL A. BROWN
Northwest Indi	ana, Inc.	RECORDER
9505 Geneviev St. John, IN		
	_ _{THE}	ABOVE SPACE IS FOR FILING OFFICE USE ONLY
DEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do not abbreviate or combine names	The state of the s
KUBL	OFF GROUP HO	LDINGS, L.P.
16/1NDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
EDINFORMATION OPTIONS relating to UCC file	ings and other notices on file in the filing office that incl	ude as a Debtor name the name identified in item 1:
2a SEARCH RESPONSE CERTIFIED (O	ptional) ALL (Check this box to request a response that is co	mplete, including filings that have lapsed() UNLAPSED
26DCOPY REQUEST CERTIFIED (O	ptional)	inplete, including limings that have raposed to CALCAT GEE
	ALL UNLAPSED	
		<u> </u>
Record Number	Date Record Filed (if required) Type of Record	and Additional Identifying Information (if required)
	Ala da	on till
	100 Min.	The fire
BUADDITIONAL SERVICES:		_
$\mathcal{L}_{\mathcal{L}}$	DATE FROM 7-14-2005)
VCI		
	7-14-2006)
		/ / -
	Th	date: 11/9/05
4□DELIVERY INSTRUCTIONS (request will be completed) 4□□ Pick Up	eted and mailed to the address shown in item B unless otherwi	se instructed here):
4bc Other		
Specify desired method here (if available from	n this office); provide delivery information (e@□delivery service's name	, addressee's account # with delivery service, addressee's phone #, etc@