INFORMATION REQUES FOLLOW INSTRUCTIONS (front and br					
ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT # Any 365-4082 OR Karen 365-4864			LAKE COUNTY		
BORETURN TO: (Name and Address)			FILED FOR RECORD		
2005 0017			21 2005 NOV 18 AN 10: 21		
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive			MICHAEL A. BROWN RECORDER		
St. John, IN 46373				1200/102/1	
<u> </u>		_	THE ABOVE	SPACE IS FOR FILING OFFICE	E USE ONLY
1□DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1acDRGANIZATION'S NAME					
OR INTINDIVIDUAL'S LAST NAME	Electronics	Labora	tories, Inc.	MIDDLE NAME	SUFFIX
16FINDIVIDUAL'S LAST NAME		FIRST NAME	:	MIDDLE NAME	SUFFIX
-20NFORMATION OPTIONS relating		es on file in the	filing office that include as a	Debtor name the name identi	fied in item 1:
2a DSEARCH RESPONSE CEI	RTIFIED (Optional) ptions: X ALL (Check this b	ox to request a	response that is complete, i	ncluding filings that have lapse	MI) UNLAPSED
2b□COPY REQUEST CERTIFIED (Optional) Select one of the following two options: ALL UNLAPSED					
2cli SPECIFIED COPIES ONLY CERTIFIED (Optional)					
Record Number	Date Record File	ed (if required)	Type of Record and Add	itional Identifying Information	on (if required)
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					
3µADDITIONAL SERVICES:					
SUADDITIONAL SERVICES.			no	records for	un
			Thru da		o <u> </u>
4□DELIVERY INSTRUCTIONS (request) 4□DELIVERY INSTRUCTIONS (request)	will be completed and mailed to the	address shown in	item B unless otherwise instruct	ed here):	
4bC Other					
Specify desired method here (f available from this office); provide deliv	ery information (et)	Didelivery service's name, addresse	e's account # with delivery service, ad	dressee's phone #, etc()