ME & PHONE OF CONTACT (optional) my 365-4082 or Karen	FILING OFFICE ACC	T#	LAKE (COUNTY R RECORD
TURN TO: (Name and Address)	200	5_01053	2005 NOV 29	
Northwest I 9505 Gene	r Chase of ndiana, Inc. evieve Drive IN 46373		MICHAEL A RECOR	I. BROWN RDER
Military and the second			E SPACE IS FOR FILING OFFIC	E USE ONLY
BTOR NAME to be searched - insert on CORGANIZATION'S NAME	ly one debtor name (1a or 1b) - do not abt		CORPORA	TEN
TINDIVIDUAL'S LAST NAME	DLE TISS		MIDDLE NAME	SUFFI
PRINCIPLE TO THE PRINCI	400	L. IV. CAMP		
ORMATION OPTIONS relating to U	CC filings and other notices on file in ED (Optional)	n the filing office that include as	s a Debtor name the name identif	fied in item 1:
Select one of the following two options		est a response that is complete	a, including filings that have lapse	edo UNLA
COPY REQUEST CERTIFIE	ED (Optional)	22.00		
Select one of the following two options	ALL UNLAPS	SED		Recent to
SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
		. Transferred		<i>f</i> f i - D
	Date Record Filled (if requi	red) Type of Record and Ad	dditional identifying information	on (if required)
		red) Type of Record and Ad	dditional identifying information	on (if required)
		1)	7 (ON (if required)
		Type of Record and Ad	7 (on (if required)
		1)	7 (ON (if required)
		1)	7 (on (if required)
		1)	7 (on (if required)
Record Number		1)	7 (ON (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number DITIONAL SERVICES:		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		1)	7 (on (if required)
Record Number		Nothing or	Jele .	on (if required)
Record Number		1)	Jele .	on (if required)