ECONATION DECLIEST		
FORMATION REQUEST LLOW INSTRUCTIONS (front and back) C	CAREFULLY	STATE OF INDIANA
NAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karer DRETURN TO: (Name and Address)	365.4864 FILING OFFICE ACCT #	LAKE COUNTY FILED FOR RECORD
	2005 001 05 4	2005 NOV 29 PH 12: 10
The Paper Chase of Northwest Indiana, Inc. 9505 Genevleve Drive St. John, IN 46373		MICHAEL A. BROWN RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
DEBTOR NAME to be searched - insert or	nly one debtor name (1a or 1b) - do not abbreviate or cor	
	FIC DEVELOPM	ENT CORPORATION SUFFIX
Select one of the following two options 2c SPECIFIED COPIES ONLY Record Number	CERTIFIED (Optional)	of Record and Additional Identifying Information (if required)
Record Number	Date Record Filed (if required) Type	of Record and Additional Identifying Information (if required)
	No	Heing on file
ADDITIONAL SERVICES:		
		Thru date: 1/18/05
DELIVERY INSTRUCTIONS (request will be		