OW INSTRUCTIONS (front and back) IAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Kare	FILING OFFICE AC	CCT#	LAKE COU	NTY
RETURN TO: (Name and Address)			LAKE COUNTY FILED FOR RECORD	
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373		001063	MICHAEL A. BROWN RECORDER	
EBTOR NAME to be searched - insert	only one debtor name (1a or 1b) - do not a		E SPACE IS FOR FILING OFFI	CE USE ONLY
15/INDIVIDUAL'S LAST NAME	LTH RA	DIO, INC	MIDDLE NAME	SUFFD
FORMATION OPTIONS relating to		in the filing office that include as	s a Debtor name the name identi	fied in item 1:
SEARCH RESPONSE CERTIF	FIED (Optional) ns: ALL (Check this box to req	uest a response that is complete	e, including filings that have laps	ed() UNLAR
	FIED (Optional)			
Select one of the following two option	ns: X ALL UNLAF	PSED		
: SPECIFIED COPIES ONLY	CERTIFIED (Optional)	The second second second		
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