

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 DEC 15 AM 8:57

MICHAEL A. BROWN  
RECORDER

A) NAME & PHONE OF CONTACT (optional) <b>Amy 365-4092 or Karen 365-4864</b>		FILING OFFICE ACCT #
B) RETURN TO: (Name and Address)  <b>The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</b>		

2005 001+29

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1) DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a) ORGANIZATION'S NAME <b>MAJESTIC STAR CASINO CAPITAL CORP. II</b>				
OR	1b) INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2) INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a) SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b) COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c) SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3) ADDITIONAL SERVICES:

Thru date: 12/14/05

4) DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a)  Pick Up  
 4b)  Other

Specify desired method here (if available from this office); provide delivery information (a) delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.()

FILING OFFICE COPY (1) - NATIONAL INFORMATION REQUEST (FORM UCC-1) (REV. 05/06/01)