



**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |                      |
|--|----------------------|
| ADNAME & PHONE OF CONTACT (optional)<br><b>Amy 365-4082 or Karen 365-4864</b>  | FILING OFFICE ACCT # |
| BORETURN TO: (Name and Address)<br><br><b>2005 001130</b><br><br>The Paper Chase of<br>Northwest Indiana, Inc.<br>9505 Genevieve Drive<br>St. John, IN 46373 |                      |

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2005 DEC 15 AM 8:57  
MICHAEL A. BROWN  
RECORDER

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<br><b>THE MAJESTIC STAR CASINO LLC</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) |
|---------------|---------------------------------|---|
|               |                                 |   |
|               |                                 |   |
|               |                                 |   |
|               |                                 |   |
|               |                                 |   |

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 (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (S) - NATIONAL INFORMATION REQUEST (FORM UCC-1) (REV. 7/26/04)