

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

001139

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2005 DEC 19 - AM 8:59  
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 \_\_\_\_\_

OR

1b INDIVIDUAL'S LAST NAME <b>MARSHALL</b>	FIRST NAME <b>PLURIA</b>	MIDDLE NAME	SUFFIX
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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: 12/19/05

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

CK# 2734

Specify desired method (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 (1) - NATIONAL INFORMATION REQUEST (FORM UCC-1) (REV. 05/09/01)