		-				
INFORMATION REQUEST				STATE OF INDI	AMA	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #				LAKE COUNT	LAKE COUNTY FILED FOR RECORD	
Amy 365-4082 or Karen 365.4864						
BORETURN TO: (Name and Address) 2005 00			147	2005 DEC 20 PM 12: 00		
1			1	MICHAEL A. BROWN		
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373				RECORDER		
1DEBTOR NAME to be searched - insert only	one debtor name (1a or 1	b) - do not abbreviat		ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY	
1 a CORGANIZATION'S NAME	Casino-	Bu ffi	naton			
OR 16/1NDIVIDUAL'S LAST NAME	205110	FIRST NAME	rig i Ori	MIDDLE NAME	SUFFIX	
20NFORMATION OPTIONS relating to UC						
Select one of the following two options:	O (Optional) ALL CERTIFIED (Optional)	UNLAPSED				
Record Number	Date Record Fi	iled (if required)	Type of Record a	nd Additional Identifying Information	On (if required)	
		in a Vir radamady	1		(
			nothe			
			700 770	7		
40DELIVERY INSTRUCTIONS (request will be o	ompleted and mailed to th	e address shown in	and the second second	date: 15/19/0	25	
4e [X] Pick Up 4b [Other				addressee's account # with delivery service, add	inecess's phone & shell	
	OPMATION REQUES			and seeds account a with delivery service, 200	лозоо в риско н, вссу	