INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A☐NAME & PHONE OF CONTACT [optional] Amy 365-4092 or Karen 365-4864	FILING OFFICE ACCT #

B☐RETURN TO: (Name and Address)

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┌─                                        ─┐
        The Paper Chase of
     Northwest Indiana, Inc.
        9505 Genevieve Drive
         St. John, IN 46373
└─                                        ─┘
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2005 001165

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 Abundant Life Tabernacle Church

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)
		Nothing

3☐ADDITIONAL SERVICES:

Thru date: 12/27/05

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☐☐delivery service's name, addressee's account # with delivery service, addressee's phone #, etc☐)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV☐05/09/01)