OW INSTRUCTIONS (from and back) CAREFULLY  LARE COUNTY  FILED FOR RECORD  STALE OF INFLIANT  FILED FOR RECORD  FILING CFICE ACCT #  LARE COUNTY  FILED FOR RECORD  THE POPER Chase of  Northwest Inclinana, Inc.  9505 Genevieve Drive  St. John, IN 46373  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  SISTOR NAME to be searched—insert only god debut name (is or 18)—60 not abbreviate or combine names  LORGANEZ/INVES NAME  AND MOCE NAME  INFORMATION OPTIONS relating to UCC filings and other notices on life in the filing office that include as a Dabtor name the name identified in Item 1:  SEARCH RESPONSE  CERTIFIED (Optional)  Select gag of the following two options:  ALL Check this box to request a response that is complete, including filings that have lapsed)  UNIA  JOHN JOHN STRUCTIONS (PROCEST)  RECORD THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  Select gag of the following two options:  ALL UNIAPSED  DITIONAL SERVICES:  Thru date:  Thru date:  Late 12 - 07  VERY INSTRUCTIONS (procured will be completed and maked to the address shown in fier the filing office shall related the procured instructed here):  VERY INSTRUCTIONS (procured will be completed and maked to the address shown in fiers the unians otherwise instructed here):	OW INSTRUCTIONS (front and back) C  AME & PHONE OF CONTACT [optional]  Amy 365-4082 or Karen  ETURN TO: (Name and Address)  The Papel  Northwest In	365 4864 FILING OFFICE.		LAKE COUNTY FILED FOR RECORD
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St. John, IN 46373  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  EBTOR NAME to be searched - insert only and debtor name (1s or 1b) - 60 not abbrinded or combine names.  CORGANIZATIONS NAME  SAXON METALS  PRIST NAME  NOCCE NAME  SUFFI  SECONDATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in litem 1:  SEARCH RESPONSE  CERTIFIED (Optional)  Select and of the following two options:  ALL Check this box to request a response that is complete, including filings that have lapsed)  UNLA  JOCOPY REQUEST  CERTIFIED (Optional)  SPECIFIED COPIES ONLY  CERTIFIED (Optional)  Type of Record and Additional identifying Information (if requires)  Date Record Number  Date Record Filed (if requires)  Type of Record and Additional identifying Information (if requires)  Thru date:  Thru date:  VERY INSTRUCTIONS (request will be completed and mailed to the address shown in dam 8 unless otherwise instructed here):	9505 Gene	ndiana, Inc.		
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