			STATE OF INDIANA
INFORMATION REQUEST			LAKE COUNTY
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			FILED FOR RECORD
ADNAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #			2007 JAN 26 PH 12: 26
Amy 365-4082 OR Karen 365-4864 2007 000080			7001 Jan 20 1112 20
BORETURN TO: (Name and Address)			MAIORIALIS A SIZONANI
			MICHAEL A. BROWN
The Dense C	hara of]	RECORDER
The Paper Chase of Northwest Indiana, Inc.			
9505 Genevieve Drive			
St. John, IN 46373			
		THE ABOVE SPACE	E IS FOR FILING OFFICE USE ONLY
1DDEBTOR NAME to be searched - insert only gns	debtor name (1st or 1b) - do not abbrevi	ate or combine names	
1a DORGANIZATION'S NAME	Surety Tru	st II, L.L	C
or lational	2011 (1)	31 2 2 2	
TECHNOLVIDUAL'S LAST NAME	FIRST NAM	ŧ	MIDDLE NAME SUFFIX
2 INFORMATION OPTIONS relating to UCC file	_	filing office that include as a Debt	or name the name identified in item 1:
290 SEARCH RESPONSE CERTIFIED (O	ptional) ALL (Check this box to request a		ing filings that have lapsed 0 UNLAPSED
Select one of the following two options: 25000PY REQUEST CERTIFIED (O		response tracis compaete, wichter	ing timings that have impreed in the DAPSED
	ALL UNLAPSED		
	TIFIED (Optional)		
	,	•	
Record Number	Date Record Filed (if required)	Type of Record and Additiona	Il Identifying Information (if required)
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BUADDITIONAL SERVICES:			
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	•	١- ام ا	1-25-07
		Thru date:	1930/
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DDELIVERY INSTRUCTIONS (request will be completed)	red and malled to the address shown in	tem 8 unless otherwise instructed here)	ı:
4a 🔯 Pick Up			
4bD Other			man, in the manager of the same of the sam
Specify desired method <u>hore</u> (if available from	this office); provide delivery information (eigi	JOHNSTY Service & Name, addressee & accou	EX # WILL COLLECT SOUNDS, MICHOLSON & PROTES #, 6023
4b Cother	this office); provide delivery information (e.g.)	Idelivery service's name, addressee's accou	IN N with delivery service, addressee's phone #, etc.()