ORMATION REQUES OW INSTRUCTIONS (front and AME & PHONE OF CONTACT (option Amy 365-4082 OR) ETURN TO: (Name and Address)	back) CAREFUL	FILING OFFICE ACCT #	2007 000093	LAKE OF INDIV LAKE COUNT FILED FOR RECI 2007 JAN 31 PM
Northw 9505	Paper Cho vest Indiar Genevieve John, IN 46	na, Inc. Drive 373	THE ABOVE SPACE IS FOR FI	MICHAEL A. BRO RECORDER
DORGANIZATION'S NAME	ary Co	og Process	sing L. P. MIDDLE NAM	AE SUFFIX
Select one of the following two	CERTIFIED (Option options: A	LL (Check this box to request a	a response that is complete, including filings the	at have lapsed() UNLAPSED
Record Number	D	ate Record Filed (if required)	Type of Record and Additional Identifyin	g Information (if required)
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