FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CAREFULLY  DINAME & PHONE OF CONTACT [optional]  Amy 365-4082 or Karen 365-4864  DRETURN TO: (Name and Address)		LAKE COUNTY FILED FOR RECORD	
The Pap Northwes 9505 Ge	per Chase of t Indiana, Inc. nevieve Drive in, IN 46373	MICHAEL A. BROWN RECORDER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
CORMATION OPTIONS relating to SEARCH RESPONSE CERT Select one of the following two options	IFIED (Optional)	MIDDLE NAME SUFFD de as a Debtor name the name identified in item 1:	
Record Number		nd Additional Identifying Information (if required)	
194 - A9-9	Nother	g on file	
DITIONAL SERVICES:			