ORMATION REQUES  OW INSTRUCTIONS (front and be  UAME & PHONE OF CONTACT (options	ock) CAREFULLY	LAKE COUNTY FILED FOR RECORD
Amy 365-4082 or Ka RETURN TO: (Name and Address)		2007 MAR -2 PM 2: 06
Northwe 9505 G	iper Chase of est Indiana, Inc. enevieve Drive ohn, IN 46373	MICHAEL A. BROWN RECORDER
ERTOR NAME to be concepted in	THE ABOV	VE SPACE IS FOR FILING OFFICE USE ONLY
1aCORGANIZATION'S NAME	matic Transport Compa	MIDDLE NAME SUFFE
Select one of the following two or	RTIFIED (Optional)	e, including filings that have lapsed() UNLA
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