NFORMATION REQUEST DLLOW INSTRUCTIONS (front and back) CARE	FULLY FILING OFFICE ACCT #	5[A	TE OF INDIANA AKE COUNTY ED FOR RECORD	
Amy 365-4092 OR Karen 36				
The Paper C Northwest Indi 9505 Genevier St. John, IN	2007 0001- hase of lana, Inc. ve Drive	-1 0	IAR 15 AM 11:39 HAEL A. BROWN RECORDER	
The second second		THE ABOVE SPA	CE IS FOR FILING OFFICE US	SE ONLY
DEBTOR NAME to be searched - insert only one 1actorganization's NAME 1brindividual's Last NAME	0 0	e or combine names	MIDDLE NAME	SUFFIX
2bD COPY REQUEST CERTIFIED (C	ALL (Check this box to request a Optional) ALL UNLAPSED RTIFIED (Optional)	response that is complete, inclu	ding filings that have lapsed()	UNLAPSE
Record Number	Date Record Filed (if required)	Type of Record and Addition	nal Identifying Information (if	required)
ADDITIONAL SERVICES:				
		Thru date	3-14-07	
DELIVERY INSTRUCTIONS (request will be comp	eleted and mailed to the address shown in	item B unless otherwise instructed h	ere):	
4bC Other		and the same of th		