NFORMATION REQUEST OLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT [optional]   FILING OFFICE ACCT #		1864	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	
Amy 365-4082 OR Karen RETURN TO: (Name and Address)	365.4864	000265	2007 APR -9 P	
Γ	2007	0203	MICHAEL A. E	
The Paper Northwest Ir 9505 Gener St. John, I	ndiana, Inc. vieve Drive		RECORDI	ER .
DEBTOR NAME to be searched - insert only	y <u>one</u> debtor name (1a or 1b) - do not abbrevia		SPACE IS FOR FILING OFFICE	E USE ONLY
12 CORGANIZATION'S NAME Miller	Beach Plaza, LL	C		
TENNOIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
Select one of the following two options: CO SPECIFIED COPIES ONLY  Record Number	CERTIFIED (Optional)  Date Record Filled (if required)	. 1	ditional identifying information	n (if required)
2c SPECIFIED COPIES ONLY	CERTIFIED (Optional)	Type of Record and Ad	1.1	n (if required)
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