INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A □ NAME & PHONE OF CONTACT [optional]
Amy 365-4082 or Karen 365-4864

FILING OFFICE ACCT #

B □ RETURN TO: (Name and Address)

The Paper Chase of
Northwest Indiana, Inc.
9505 Genevieve Drive
St. John, IN 46373

2007 000267

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 □ DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a □ ORGANIZATION'S NAME
Electric Coating Technologies LLC

OR 1b □ INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX

· 2 □ INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a □ SEARCH RESPONSE ☐ CERTIFIED (Optional)
Select one of the following two options: ☒ ALL (Check this box to request a response that is complete, including filings that have lapsed) ☐ UNLAPSED

2b □ COPY REQUEST ☐ CERTIFIED (Optional)
Select one of the following two options: ☒ ALL ☐ UNLAPSED

2c □ SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		Nothing on file

3 □ ADDITIONAL SERVICES:

Thru date: 4-5-09

4 □ DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a □ ☒ Pick Up
4b □ ☐ Other
Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC11) (REV 05/09/01)