

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Lake STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 APR 26 PM 12:35
MICHAEL A. BROWN
RECORDER

A0 NAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864	FILING OFFICE ACCT #
B0 RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

2007 000296

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a ORGANIZATION'S NAME			
OR			
1b1 INDIVIDUAL'S LAST NAME Allard	FIRST NAME David	MIDDLE NAME D.	SUFFIX

20 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)
		<i>Nothing</i>

30 ADDITIONAL SERVICES:

Thru date: 4-25-07

40 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.)