FORMATION REQUEST		MALE OF INDIA AN
OLLOW INSTRUCTIONS (front and back) C ADNAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #	LAKE COUNTY FILED FOR RECORD
Amy 365-4082 OR Karen 365.4864  BORETURN TO: (Name and Address)		2007 MAY - 1 PH 1: 44
	2007 004305	
Northwest I 9505 Gene	r Chase of ndiana, Inc. evieve Drive	MICHAEL A. BROWN RECORDER
<u> </u>	THE AB	OVE SPACE IS FOR FILING OFFICE USE ONLY
1aTORGANIZATION'S NAME	nly one debtor name (1a or 1b) - do not abbreviate or combine names	
ST JOHN . DO	onuts and Ice Cream	MIDDLE NAME SUFFIX
Record Number	Date Beard Flied (Mary in the Type of Beaard and	d Additional identifying Information (if required)
2cd SPECIFIED COPIES ONLY	CERTIFIED (Optional)	
		a Additional Identifying Intormation (it regulited)
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