INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A□NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
Amy 365-4082 OR Karen 365·4864	

B□RETURN TO: (Name and Address)

2007 000320

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

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

Uni-Tel Communications Group, Inc.

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

3u□ADDITIONAL SERVICES:

Thru date: 5-4-07

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)