ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT # Amy 365-4082 OR Karen 365-4864			LAKE COUNTY FILED FOR RECORD	
RETURN TO: (Name and Address)	2007 000	3823	2007 MAY -7 PH I	2: 34
The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373			MICHAEL A. BROWN RECORDER	
DEBTOR NAME to be searched - inser	t only one debtor name (1a or 1b) - do not abbreviat		SPACE IS FOR FILING OFFIC	CE USE ONLY
18 CORGANIZATION'S NAME 16 TINDIVIDUAL'S LAST NAME	M Construction	h	MIDDLE NAME	SUFFIX
	IFIED (Optional)			
Select one of the following two options	ons: ALL UNLAPSED			
		Type of Record and Add	itional identifying informati	on (if required)
Select one of the following two option	ons: ALL UNLAPSED CERTIFIED (Optional)	Type of Record and Add) ^	on (if required)
Select one of the following two option	ons: ALL UNLAPSED CERTIFIED (Optional)) ^	on (if required)
Select one of the following two options 2cDSPECIFIED COPIES ONLY Record Number	ons: ALL UNLAPSED CERTIFIED (Optional)) ^	on (if required)
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