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INFORMATION REQ	UEST			;		LAKE COUNTY FILED FOR RECORD
FOLLOW INSTRUCTIONS (from		FILING OFFI	CE ADVILLE	7 00011		
Amy 365-4082 BORETURN TO: (Name and Addr	or Karen 36			00041	9	2007 JUNE 1 ? ATT 10:
			-			MICHAEL A. BROW RECORDER
Nor	thwest Indi 505 Genevie	ana, Inc. ve Drive	_	THE ABOV	E SPACE IS FOR F	
	The Paper Chase of Northwest Indiana, Inc. 9505 Genevleve Drive St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NAME to be searched - insert only and debtor name (1s or 1b) - do not abbreviate or combine names ##ZATION'S NAME ##ZATION'S NAME ##ZATION'S NAME ##ZATION OPTIONS relating to UCC filtings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: CHERSPONSE CERTIFIED (Optional) One of the following two options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNLAPSED ###################################					
	V.3	CEDA	7R	LAKE	LLC	
OR 16/1NDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAI	AE SUFFIX
2a DSEARCH RESPONSE Select one of the followin 2b DCOPY REQUEST	CERTIFIED (Congression of two options: CERTIFIED (Congression of two options:	Optional) ALL (Check this box Optional) ALL U	to request a			_
Record Number		Date Record Filed	(if required)	Type of Record and Ad	iditional identifyir	ng Information (if required)
				A		
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		 		<i>, y</i>		
3UADDITIONAL SERVICES						
						-11 -07
40DELIVERY INSTRUCTIONS 4ac Pick Up 4bc Other	(request will be comp	oleted and mailed to the add	dress shown in	item B unless otherwise instr	ucted here):	3254
Specify desired met	hod <u>here</u> (if available fro	orn this office); provide delivery	information (e@	Odelivery service's name, addres	see's account # with de	livery service, addressee's phone #, etc0