ALLOW INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here) APPLICABLY INSTRUCTIONS (proposet will be completed and maked to the address shown in item 8 uriess otherwise instructed here)					
NAME A PHONE OF CONTACT (potomet) The Paper Chase of Northwest Indiana, inc. 9505 Genevieve Drive St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insert only gos deliber name (is or 10) - 60 not eliberates or combine filames [INDIANA] INDIANA INDUSTRIAL INVESTMENTS LIMITED PRACES Seed age of the following two options: [ALL (Check this box to request a response that include as a Debtor name the name identified in item 1: 2000COPY RECUEST Coptional) Seed age of the following two options: [ALL (Check this box to request a response that include as a Debtor name the name identified in item 1: 2000COPY RECUEST COPTIONS (Coptional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) Thru date: [Light Quited) Thru date: [Light Quited] Thru date: [Light Quited] Thru date: [Light Quited] Thru date: [Light Quited]	NFORMATION REQUEST				
The Paper Chase of Northwest Incliana, Inc. 9505 Genevieve Drive St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched—insert only and seder name (it as t th)—60 and abbrustas or combine names [INCREAVEX/TWO HAME IND USTRIAL INVESTMENTS LIMITED PROJECT INFORMATION OPTIONS relating to UCC filings and other notice on file in the filing office that include as a Debtor name the name identified in latent 1: 2005PPCFIED COPIES ONLY CERTIFIED Copional) Selecting of the following two options: ALL UNLAPSED 2005PPCFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Flied (if required) Type of Record and Additional Identifying Information (if required) Thru date: \(\begin{align*}	OLLOW INSTRUCTIONS (front and back) CAREFULLY ADNAME & PHONE OF CONTACT [optional] FILING OFFICE ACCT #		LAKE COUNTY FILED FOR RECORD		AOA Y O RO
Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR NAME to be searched - insent only age debtor name (is or 1b) - do not abbreviate or combine names [TacDRG/MEAT/DON'S NAME INDIANA INDUSTRIAL INDIANA INDUSTRIAL PREST NAME PREST NAME PREST NAME PREST NAME PREST NAME INDOCE NAME SUFFEX 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: 2aasseanChiresePoinse Select age of the following two options: Delivery INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES: Thru date: Leg of J CELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): ADDITIONAL SERVICES: THE ABOVE SPACE IS FOR FILING OPTIONS INDICAL TRUE THRUE T			00448		
DEBTOR NAME to be exactived - insert only gas debtor name (is or 1b) - do not abbreviate or combine names SUPPL NOTANA NDUSTRIAL NVESTMENTS LIMITED PAPALISA INFOVIDUAL'S LAST NAME IRRST NAME IRRST NAME SUPPL INFORMATION OPTIONS rotating to UCC fillings and other notices on file in the filling office that include as a Debtor name the name identified in item 1: 2a) ISSARCH RESPONSE CERTIFIED (Optional) Select gas of the following wool poince: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED 2ct OCPY REQUEST CERTIFIED (Optional) Select gas of the following two options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED 2ct OSPECIFIED COPIES ONLY CERTIFIED (Optional) CERTIFIED (Optional) UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is complete, including fillings that have lapsed) UNILAPSED Obtained the following woold options: ALL (Check this box to request a response that is completed in item 1: Thru date: UII UI	Northwest Indian 9505 Genevieve	a, Inc. Drive		MICHAEL A. BRO RECORDER	NWC
THOUSENING INDUSTRIAL INVESTMENTS LIMITED PAPERS TOTAL INDUSTRIAL	DESTOR NAME to be consched, inset only one debt	- (1- or 4b) do not obbasis		E IS FOR FILING OFFICE US	EONLY
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: 2auSEARCH RESPONSE	10 DIANA INDU	ISTRIAL	INVESTMEN		PARTUREN
2a SEARCH RESPONSE CERTIFIED (Optional) Select gas of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed() UNLAPSED 2bDCOPY REQUEST CERTIFIED (Optional) Select gas of the following two options: ALL UNLAPSED 2ct SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (If required) Type of Record and Additional Identifying Information (6 required) ADDITIONAL SERVICES: Thru date: 4 9 01 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in farm B unless otherwise instructed here): 400 Pick Up CERTIFIED (Optional)	16/TINDIVIDUAL'S LAST NAME	FIRST NAM		MIDDLE NAME	SUFFIX
ADDITIONAL SERVICES: Thru date: 4 9 01 ELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): SELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): CLAH 3 2 7 1			Type of Record and Additiona	al identifying information (if r	required)
Thru date: 49901 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 400 Pick Up CAH 3271			#1ce/l.	Vila	
Thru date: 49901 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 480 Pick Up CAH 3271			, d	0	
Thru date: 49901 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here): 480 Pick Up CAH 3271				36. 7. 70	
DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):	ADDITIONAL SERVICES:				
4ac Pick Up (1 + 327)	DELIVERY INSTRUCTIONS (request will be completed	and mailed to the address shown in			
Abril Other	4a 🔯 Pick Up 4b C Other		S ovid medicad ner	CC#3	271