

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUL -6 AM 10:28

MICHAEL A. BROWN
RECORDER

A) NAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864		FILING OFFICE ACCT #
B) RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373		2007 000493

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				
OR	1b) INDIVIDUAL'S LAST NAME ARAVATINOS	FIRST NAME PETER	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)

3) ADDITIONAL SERVICES:

Thru date: 7/5/07

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

CK# 3287 ¹⁰ 2/15/07

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 (4) - NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 06/00/01)