FORMATION REQUEST LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT [optional]  THE STATE OF THE STATE		LAKE COUNTY FILED FOR RECORD	
RETURN TO: (Name and Address)		2007 JUL 11 PM 2: 54	
THE PAPER CHASE ( 9505 GENEVIEVE DR SAINT JOHN, INDIA)		MICHAEL RECO	A. BROWN RDER
	THE ABOV	E SPACE IS FOR FILING OFF	CE USE ONLY
BTOR NAME to be searched - in a. ORGANIZATION'S NAME	sert only one debtor name (1a or 1b) - do not abbreviate or combine names		
b. INDIVIDUAL'S LAST NAME	Directbuy, Inc.	MIDDLE NAME	SUFFIX
	ptions: ALL (Check this box to request a response that is complete RTIFIED (Optional) ptions: ALL UNLAPSED  CERTIFIED (Optional)	, including filings that have lap	sed.) UNLAPSE
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Record Number	Date Record Filed (if required) Type of Record and Ad	dditional Identifying Informat	ion (if required)
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DITIONAL SERVICES:	Date Record Filed (if required) Type of Record and Ad	dditional Identifying Informat	ion (if required)
	Date Record Filed (if required) Type of Record and Ad	dditional Identifying Informat	ion (if required)
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	Date Record Filed (if required)  Type of Record and Additional Control of Record and Additional Con	dditional Identifying Informat	ion (if required)
	Date Record Filed (if required)  Type of Record and Administration  NATION	dditional Identifying Informat	ion (if required)
	Date Record Filed (if required)  Type of Record and Advanced in the control of th	dditional Identifying Informat	ion (if required)
	nothin	CHRU DATE:	ion (if required)