A. NAME & PHONE OF CONTACT [optional] Amy 219-365-4082 or Karen 219-365-4864 B. RETURN TO: (Name and Address)					FIL	AKE COUNTY ED FOR RECORD
	,			MARKET !	Z 007 J	UL 11 PM 2:54
THE PAPER CHASE OF NORTHWEST INDIANA, INC 9505 GENEVIEVE DRIVE SAINT JOHN, INDIANA 46373					MICH	HAEL A. BROWN RECORDER
L			_			
	be searched - insert only	one debtor name (1a or	1b) - do not abbreviat	-	ACE IS FOR FILING	OFFICE USE ONLY
1a. ORGANIZATION'S	ENAME Dation	oal Mar	nagemen	+ Corporation	i	
1b. INDÍVÍDUAL'S LA	STNAME	,,,,	FIRST NAME		MIDDLE NAME	SUFFIX
a. SEARCH RESP	ONSE CERTIFIED	(Optional)		filing office that include as a De		-
Select one of the	te following two options:	<u> </u>	is box to request a	response that is complete, inclu	uding filings that hav	re lapsed.) UNLAPSED
Select one of the	ne following two options:	ALL	UNLAPSED			
s. SPECIFIED CC	PIES ONLY [] C	CERTIFIED (Optional)			•
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