



**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] <b>Amy 219-365-4082 or Karen 219-365-4864</b>	FILING OFFICE ACCT # <b>2007 000509</b>
B. RETURN TO: (Name and Address)  <b>THE PAPER CHASE OF NORTHWEST INDIANA, INC 9505 GENEVIEVE DRIVE SAINT JOHN, INDIANA 46373</b>	

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2007 JUL 11 PM 2:54  
MICHAEL A. BROWN  
RECORDER

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 <b>ucc of Canada, Inc.</b>	OR		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	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)
		<i>nothing</i>

3. ADDITIONAL SERVICES:

THRU DATE: **7-10-07**

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

CHECK # **3155**

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.)

**10-**