NFORMATION REQUES OLLOW INSTRUCTIONS (front and A NAME & PHONE OF CONTACT (optic Amy 219-365-4082 or Kare B. RETURN TO: (Name and Address) THE PAPER CHASE 9505 GENEVIEVE D SAINT JOHN, INDIA	back) CAREFULLY onall n 219-365-4864 FILING OFFICE ACCT # 2 0 0 7 0 0 5 c OF NORTHWEST INDIANA, INC. PRIVE	FILED FOR RECORD 2007 JUL 11 PH 3: 09 MICHAEL A. BROWN RECORDER
DESTOR NAME to be searched -	THE A	ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. ORGANIZATION'S NAME		
1b. INDIVIDUAL'S LAST NAME	CC Trading Corporation	MIDDLE NAME SUFFIX
	ing to UCC filings and other notices on file in the filing office that inclu ERTIFIED (Optional)	de as a Debtor name the name identified in item 1:
Select one of the following two		nplete, including filings that have lapsed.) UNLAPSE
	ERTIFIED (Optional)	
Select one of the following two 2c. SPECIFIED COPIES ONLY	options: ALL UNLAPSED CERTIFIED (Optional)	<u>-</u>
20. Of Edil IED OUT IED ONE!	CENTILES (Optional)	·
Record Number	Date Record Filed (if required) Type of Record ar	nd Additional Identifying Information (if required)
		`
	110 510	
		
ADDITIONAL SERVICES:		
		THRU DATE: 1-10-07
		1 10 0 7
DELIVERY INSTRUCTIONS (reques	t will be completed and mailed to the address shown in item B unless otherwise	
4a. Pick Up 4b. Other	it will be completed and mailed to the address shown in item B unless otherwise	e instructed here): CHECK # 3/55
4a. Pick Up 4b. Other Specify desired method ben	at will be completed and mailed to the address shown in item B unless otherwise (if available from this office); provide delivery information (e.g., delivery service's name, a	e instructed here): CHECK # 3/53