



**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 000513</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 3:09  
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  
**ucc. Distribution, Inc.**

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

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.)

CHECK # **3155**

*10-*