INFORMATION REQUEST
State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER *(optional)*	FILING OFFICE ACCT #
KAREN 219-680-0066	

B. E-MAIL CONTACT AT FILER *(optional)*

C. RETURN TO: *(Name and Address)*

THE PAPER CHASE OF NORTHWEST INDIANA INC

**GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD**

2021-073156

10:32 AM   2021 Dec 28

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1. DEBTOR'S NAME to be searched. Provide only one Debtor name (1a or 1b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.)

1a. ORGANIZATION'S NAME
EOF U.S. BLOCKER 8 LLC

OR

1b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor 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)*

3. ADDITIONAL SERVICES:

THROUGH DATE:

Nothing on file as of 12/31/20.

CK# 6888

4. DELIVERY INSTRUCTIONS *(Request will be completed and mailed to the address shown in item C 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.)*

$25.00

FILING OFFICE COPY (1) — INFORMATION REQUEST (Form UCC11) (Rev. 07/19/12)

International Association of Commercial Administrators (IACA)