FOLLOW INSTRUCTIONS. A. NAME & PHONE OF CONTACT AT FILER (opt. KAREN 219-680-0066	ficinal) FILING OFFICE ACCT #			
B. E-MAIL CONTACT AT FILER (optional)		GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	2022-002648	
C. RETURN TO: (Name and Address) THE PAPER CHASE OF NORTHWEST INDIANA INC			1:55 PM	2022 Jan 20
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.		
				USE ONLY.
1a ORGANIZATION'S NAME	Deblorname (1a or 1b) (Use exact, full name). Tritermediate	do not omit, modify, or abbreviate any part of t	he Debtor's name.)	USE ONLY.
Thermal Solutions		do not omit, modify, or abbreviate any part of t	he Debtor's name.)	USE ONLY.
18. ORGANIZATION'S NAME THE (MG) SOLUTIONS 18. INDIVIDUAL'S SURNAME		do not omit, modify, or abbreviate any part of t	he Debtor's name.)	SUFFIX
TIS, ORGANIZATIONS NAME THE (TOTAL) SOUTH (OUSE TO INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYNTIAL(S)	Intermediate	cond omit modify, or addressate any part of a Hold Irngs, Ir	he Debtor's name.)	SUFFIX
TIS ORGANIZATIONS INME THE (TIME) SOUTH FOLSE R TIS (TIME) SOUTH FOLSE R TIS (TIME) SOUTH FOLSE R TIS (TIME) SOUTH FOLSE RIDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAMES SYNTIAL'S SERVICE TO THE PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAMES SYNTIAL'S SERVICE TO THE PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAMES SYNTIAL'S SERVICE TO THE PERSONAL NAME SERVICE TO THE PERSONAL NAME FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAMES SYNTIAL'S SERVICE TO THE PERSONAL NAMES SYNTIAL'S	Intermediate Intermediate Imparatother process on file in the file Debonal ALL (Check this bolt by engagest a recipional)	cond omit modify, or addressate any part of a Hold Irngs, Ir	he Debtor's name.)	SUFFIX
The cod Solutions To NOVIDUAL SSURNAME INDIVIDUAL SADITIONAL NAME INDIVIDUAL SADITIONAL NAME(SYNITIAL(S) 2. INFORMATION OPTIONS relating to UCC 2. SEARCH RESPONSE CERTIFIED (C Select one of the following two options: 2. LOCY REQUEST CERTIFIED (C Select one of the following two options:	Intermediate Intermediate Illings and other notices on file in the file Joptonal ALL (Check this box to request a rec	cond omit modify, or addressate any part of a Hold Irngs, Ir	he Debtor's name.)	SUFFIX

-0/0/0r

3. ADDITIONAL SERVICES:

THROUGH DATE:

Nothing on The As of 10731/20

K#	10	00
1-11 1	20	-18

4.	DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in item C unless otherwise instructed here.):

4a. Pick Up

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