

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST

State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

| | | |
|---|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) AMY 219-218-2614 | | FILING OFFICE ACCT # |
| B. E-MAIL CONTACT AT FILER (optional) | | |
| C. RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive Saint John, IN 46373 | | GINA PIMENTEL RECORDER 2022-011584 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 11:09 AM 2022 Mar 30 |
| 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 NIAGARA LASALLE CORPORATION | |
| 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) |
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3. ADDITIONAL SERVICES:

thru:

Nothing on file as of 10/31/20

CHECK# 7004
\$25.00

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.)