NOT AN OFFICIAL DOCUMENT INFORMATION REQUEST State Form 55241 (4-13)

FOLLO:		

	tional) FILING OFFICE ACCT #			
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	2022-012796	
6		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.		
DEBTOR'S NAME to be searched/ Provide only or 18. ORGANIZATION'S NAME	ne Debtorname (1a or 1b) (Use exact, full name	; do not omit, modify, or abbreviate any part of t	he Debtor's name.)	
18. ORGANIZATIONS NAME				
1b. INDIVIDUAL'S SURNAME				
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INDIVIDUAL'S FIRST PERSONAL NAME STEVEN	0,0			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	~/·			SUFFIX
INDIVIDUAL SADDITIONAL INVITED PRINTING(5)				
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CK# 6965
ar 20,000

4a / Pick Up

4b | Other

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4. DELIVERY INSTRUCTIONS (Request will be completed a