

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST

State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional)		FILING OFFICE ACCT #
AMY 219-218-2614		
B. E-MAIL CONTACT AT FILER (optional)		
C. RETURN TO: (Name and Address)		
<input type="checkbox"/> The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive Saint John, IN 46373		GINA PIMENTEL RECORDER 2023-003237 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 12:31 PM 2023 Jan 23
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	ATC GROUP PARTNERS 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:

thru:

Nothing on file as of 12/31/20

CHECK#

7275

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

\$25.00

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.)