INFORMATION REQUEST GINA PIMENTEL State Form 55241 (4-13)

RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2023-007632

8:34 AM 2023 Mar 15

FOLLOW INSTRUCTIONS.			_	
A. NAME & PHONE OF CONTACT AT FI KAREN 219-680-0066	LER (optional)	FILING OFFICE ACCT		
B. E-MAIL CONTACT AT FILER (optional)			
C. RETURN TO: (Name and Address)			GINA PIMENTEL RECORDER	2023-009201
THE PAPER CHASE OF	NORTHWE	ST INDIANA INC	STATE OF INDIANA	and the same of
			FILED FOR RECORD	2:44 PM 2023 Mar 2
DERTORIS NAME to be considered for	ide and one Dables	come (to exth) (I to event full as	THE ABOVE SPACE IS FO	OR FILING OFFICE USE ONLY.
1a. ORGANIZATION'S NAME	ade only one Debtor	name (1a or 1b) (Ose exact, rum na	ne, do not offint, modify, of abbreviate any part of the	e Debuti straine.)
PPA 440 LLC	/X.			
10. INDIVIDUAL GODINAME	5			
INDIVIDUAL'S FIRST PERSONAL NAME	- 0)		
INDIVIDUAL'S ADDITIONAL NAME(S)/IN	VITIAL(S)	/		SUFFIX
INFORMATION OPTIONS relating	to UCC filings ar	nd other notices on file in the	filing office that include the Debtor name	identified in item 1:
2a. SEARCH RESPONSE CERT				TALLE ADOL
			response that is complete, including filing	s that have lapsed.) UNLAPSE
2b. COPY REQUEST CERT Select one of the following two opti	TIFIED (Optional			
2c. SPECIFIED COPIES ONLY	CERTIFIE			100
			0,	
Record Number	Date	Record Filed (if required)	Type of Record and Additional Ide	ntifying Information (if required)
The latest the same of			1/)/	
			79	
			(0)	
ADDITIONAL SERVICES:			(),
THROUGH DATE:				
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- 10	01100.0	Y		
Amonded	to de	unge EA	Ective Mroug Da	the M/K
DELIVERY INSTRUCTIONS (Request wi	ill he completed and	mailed to the address shown in item	n C unless otherwise instructed here >	
	compressed and			
4a. Pick Up				
4a. Pick Up 4b. Other			e.g., delivery service's name, addressee's account	

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