

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**
2024-007246
**STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED**
2:57 PM 2024 Feb 28

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 STRACK AND VAN TIL	
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 12/31/2021

CHECK#

7549

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.)