

# NOT AN OFFICIAL DOCUMENT



## INFORMATION REQUEST

State Form 55241 (4-13)

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>AMY 219-218-2614</b>	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address) <b>The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive Saint John, IN 46373</b>	
<b>GINA PIMENTEL RECORDER</b> <b>STATE OF INDIANA LAKE COUNTY</b> <b>RECORDED AS PRESENTED</b>	
<b>2024-013967</b> <b>11:21 AM 2024 May 21</b>	
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.</b>	

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.)

OR

1a ORGANIZATION'S NAME  
**Merrillville Sports Bar LLC**

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 10/31/29

CHECK# **7615**

4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in item C unless otherwise instructed here.):

4a.  Pick Up **825.00**

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.)