AN OFFICIAL DOCUMENT INFORMATION REQUEST

OLLOW INSTRUCTIONS. A. NAME & PHONE OF CONTACT AT FILER (6)	optional)	FILING OFFICE ACCT	П		
KAREN 219-680-0066			_		
B. E-MAIL CONTACT AT FILER (optional)					
C. RETURN TO: (Name and Address)			GINA PIMENTEL RECORDER	2024	-020399
THE PAPER CHASE OF NORTHWEST INDIANA INC			STATE OF INDIANA	2024-02000	
THE PAPER CHASE OF NOR	CTHWES	T INDIANA INC	LAKE COUNTY	1:52 PM	2024 Aug 2
			RECORDED AS PRESENTED		
L 0,			THE ABOVE SPACE IS FOR	FILING OFFICE	USE ONLY.
DEBTOR'S NAME to be searched: Provide only	y <u>one</u> Debtorna	ame (1a or 1b) (Use exact, full nar	ne; do not omit, modify, or abbreviate any part of the D	lebtor's name.)	
18. ORGANIZATION'S NAME AFREIGHT HOLDINGS.	LLC				
IR 1b. INDIVIDUAL'S SURNAME	LLC				
INDIVIDUAL'S FIRST PERSONAL NAME					
	-	X			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	(S)				SUFFIX
		<			
	Name and Address of the Owner, where the Owner, which the				
INFORMATION OPTIONS relating to UCC		other notices on file in the	filing office that include the Debtor name id	entified in item 1	1:
28. SEARCH RESPONSE CERTIFIED	(Optional)	4/-			
2a. SEARCH RESPONSE CERTIFIED Select one of the following two options:	(Optional)	4/-	filling office that include the Debtor name id- response that is complete, including fillings to		
28. SEARCH RESPONSE CERTIFIED	(Optional)	4/-			
Select one of the following two options: COPY REQUEST CERTIFIED Select one of the following two options:	(Optional) ALL (Optional)	Check this box to request a			
SEARCH RESPONSE CERTIFIED Select ane of the following two options: COPY REQUEST CERTIFIED Select ane of the following two options: SECIFIED COPIES ONLY CERTIFIED COPIES ONLY	(Optional) ALL (Optional) ALL CERTIFIED	Check this box to request a [V] UNLAPSED (Optional)	response that is complete, including filings to	hat have lapsed) JUNLAPSED
2a. SEARCH RESPONSE CERTIFIED Select gag of the following two options: 5b. COPY REQUEST CERTIFIED Select gag of the following two options: 2c. SPECIFIED COPIES ONLY C	(Optional) ALL (Optional) ALL CERTIFIED	Check this box to request a UNLAPSED Optional Record Filed (if required)	response that is complete, including filings to	hat have lapsed fying Informati	On (if required)
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2a. SEARCH RESPONSE ☐ CERTIFIED Select gag of the following two options: 2b. COPY RECURST ☐ CERTIFIED Select gag of the following two options: 2c. SPECIFIED COPIES ONLY ☐ C Record Number ☐ △○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○	(Optional) ALL (Optional) ALL CERTIFIED	Check this box to request a UNLAPSED Optional Record Filed (if required)	response that is complete, including filings to	hat have lapsed fying Informati	On (if required)
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2a. SEARCH RESPONSE	O (Optional) ALL (i O (Optional) ALL CERTIFIED (Date F	Check this box to request a VI UNLAPSED Optional) Record Filed (if required) **/36/A019	Type of Record and Additional Identit	hat have lapsed	On (if required)
2a. SEARCH RESPONSE	O (Optional) ALL (i O (Optional) ALL CERTIFIED (Date F	Check this box to request a VI UNLAPSED Optional) Record Filed (if required) **/36/A019	Type of Record and Additional Identit	hat have lapsed	On (if required)
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2a. SEARCH RESPONSE ☐ CERTIFIED Select one of the following two options: 2b. COPY REQUEST ☐ CERTIFIED Select one of the following two options: 2c. SPECIFIED COPIES ONLY ☐ CERTIFIED Record Number ☐ △○○○→ △○○○→ △○○○→ ADDITIONAL SERVICES: THROUGH DATE:	O (Optional) ALL (i O (Optional) ALL CERTIFIED (Date F	Check this box to request a VI UNLAPSED Optional) Record Filed (if required) **/36/A019	Type of Record and Additional Identit	hat have lapsed	On (if required)
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4. DELIVERY INSTRUCTIONS (Request will be comp

4a. Pick Up