LOFFICIAL DOCUMENT

| FOLLOW | | |
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| OLLOW INSTRUCTIONS. | | | | |
|--|--|--|------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (options AMY 219-218-2614 | al) FILING OFFICE ACCT | 7 | | |
| . E-MAIL CONTACT AT FILER (optional) | | | | |
| RETURN TO: (Name and Address) | | GINA PIMENTEL RECORDER | 2024-0 | 030173 |
| The Paper Chase of Northwest Indiana, Inc. | | STATE OF INDIANA | 2024-000170 | |
| 9505 Genevieve Drive Saint John, IN 46373 | , | LAKE COUNTY CORDED AS PRESENTED | 11:28 AM | 2024 Oct 17 |
| | | | | |
| | _ | THE ABOVE SPACE IS | | |
| DEBTOR'S NAME to be searched: Provide only one De 1a. ORGANIZATION'S NAME | ebtor name (1a or 1b) (Use exact, full nar | ne; do not omit, modify, or abbreviate any par | tof the Debtor's name. |) |
| WEE CARE THER | APY, LTD | | | |
| Th. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | Ox | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | | | | |
| INFORMATION OPTIONS relating to UCC filing | | filing office that include the Debtor n | ame identified in it | em 1: |
| 2a. SEARCH RESPONSE CERTIFIED (Option Select one of the following two options: | | response that is complete, including t | Gliaga that have les | osed.) / UNLAPSE |
| 2b. COPY REQUEST CERTIFIED (Option | | response that is complete, including i | mings that have rap | JUNEAFSE |
| | ALL JUNLAPSED | | | |
| 2c. SPECIFIED COPIES ONLY CERTIF | FIED (Optional) | 0, | | |
| Record Number | Date Record Filed (if required) | Type of Record and Additional | Identifying Infor | mation (if required) |
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| ADDITIONAL SERVICES: | | | 0. | |
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CHECK# ' 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

International Association of Commercial Administrators (IACA)