

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN -4 AM 11:25

MICHAEL A BROWN
RECORDER

ADNAME & PHONE OF CONTACT (optional) Arny 365-4082 or Karen 365-4864	FILING OFFICE ACCT # 2005 000001
B0RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR NAME to be searched - Insert only plus debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME Subspecialty Centers of America LLC				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

20 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include a Debtor name the 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)

3a ADDITIONAL SERVICES:

Thru date: 12/30/04

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B 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, requester's account # with delivery service, address to's phone #, etc.)