

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 000021

2005 JAN 10 AM 10:07

MICHAEL A BROWN  
RECORDER

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] <b>Clyde D. Compton</b>	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) <b>Hodges &amp; Davis, P.C. 8700 Broadway Merrillville, IN 46410</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <b>THE METHODIST HOSPITALS, INC. a.k.a. Methodist Hospital / Southlake</b>				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as 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)
2000 001899	7-6-00	UCC 3 Continuation (95004523)
2000 001900	7-6-00	UCC 3 Continuation (95004522)

3. ADDITIONAL SERVICES:

*John 1-7-05 13.00*

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, addressee's account # with delivery service, addressee's phone #, etc.)