

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN 10 PM 2: 27

MICHAEL A BROWN
RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000024

A) NAME & PHONE OF CONTACT (optional) Amy 365-4092 or Karen 365-4864		FILING OFFICE ACCT #
B) RETURN 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

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

1a) ORGANIZATION'S NAME Select Medical Rehabilitation Clinics Inc				
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)

3) ADDITIONAL SERVICES:

Thru date: 1-17-05

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.)