

LAKE COUNTY  
FILED FOR RECORDING  
LAKE COUNTY

2005 APR 19  
MICHAEL BROWN AM 9:25  
RECORDED & BROWN  
RECORDED

2005 000328 akk

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a ORGANIZATION'S NAME <b>Performance Physical Therapy of Hobart, LLC</b>				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

20INFORMATION 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:

2a0SEARCH 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

2b0COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c0SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

30ADDITIONAL SERVICES:

Thru date: 4-18-05

40DELIVERY 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.)