



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000408

2005 MAY - 6 AM 10: 14

A. NAME & PHONE OF CONTACT (optional) Commercialdept (219)864-4100	FILING OFFICE ACCT # 1650L605
B. RETURN TO: (Name and Address) Meridian Title Corp 746 E. Lincoln Hwy Schererville, IN 463540375	

MICHAEL
RE...

2005 000408

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
OR St. Anthony Medical Center

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:

John S/S/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.)