

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000507

FILED FOR RECORD

2005 JUN -7 PM 1:40

REC'D BY TOWN

ADNAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #  
 Amy 365-4092 or Karen 365-4864  
 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 **RICHARD A. GUACCIO, DDS, 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) |
|---------------|---------------------------------|---|
|               |                                 | Nothing on file   |
|               |                                 |   |
|               |                                 |   |
|               |                                 |   |

3 ADDITIONAL SERVICES:

Thru date: 6-6-05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item 8 unless otherwise instructed here):

4a  Pick Up  
 4b  Other

Specify desired method (as available from this office); provide delivery information (a) Delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.