

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 000684

2005 AUG -2 AM 11:34

MICHAEL S. BROWN  
CLERK

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A0 NAME & PHONE OF CONTACT [optional] <b>Amy 365-4082 or Karen 365-4864</b>	FILING OFFICE ACCT #
B0 RETURN TO: (Name and Address)  <p style="text-align: center;">The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</p>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a ORGANIZATION'S NAME <b>ALVERNO CLINICAL LABORATORIES INC</b>	FIRST NAME	MIDDLE NAME	SUFFIX
OR 1b INDIVIDUAL'S LAST NAME			

20 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)
		<i>Nothing on file</i>

30 ADDITIONAL SERVICES:

Thru date: 8-1-05

40 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.)