

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 DEC -6 AM 9:54

MICHAEL A. BROWN  
RECORDER

ADNAME & PHONE OF CONTACT (optional) <b>Amy 365-4092 OR Karen 365-4864</b>	FILING OFFICE ACCT # <b>2005 001075</b>
BORETURN 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

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>HEALTHQUEST REALTY VIII</b>	OR		
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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)

30 ADDITIONAL SERVICES:

Thru date: 12/5/05

40 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 (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

FILING OFFICE COPY (4) - NATIONAL INFORMATION REQUEST (FORM UCC-1) (REV. 05/04/01)