

**MEMORANDUM OF LEASE**

CM 20061352

THIS MEMORANDUM OF LEASE, made and entered into by and between the parties hereto, to evidence their execution of a certain Lease effective January 1, 2006.

WITNESSETH:

1. The name of the Landlord is Woodcock Holdings, LLC with principal offices located at 5304 Broadway, Merrillville, IN 46410.

2. The name of the Tenant is Northwest Indiana Medical Consultants, P.C. with principal offices located at 5490 Broadway Plaza, Suite 105, Merrillville, IN 56410.

3. The leased premises include the real estate commonly know as 5304 Broadway, Merrillville, IN 46410, Lake County, Indiana, and legally described on Exhibit "A," which is attached hereto and made a part hereof.

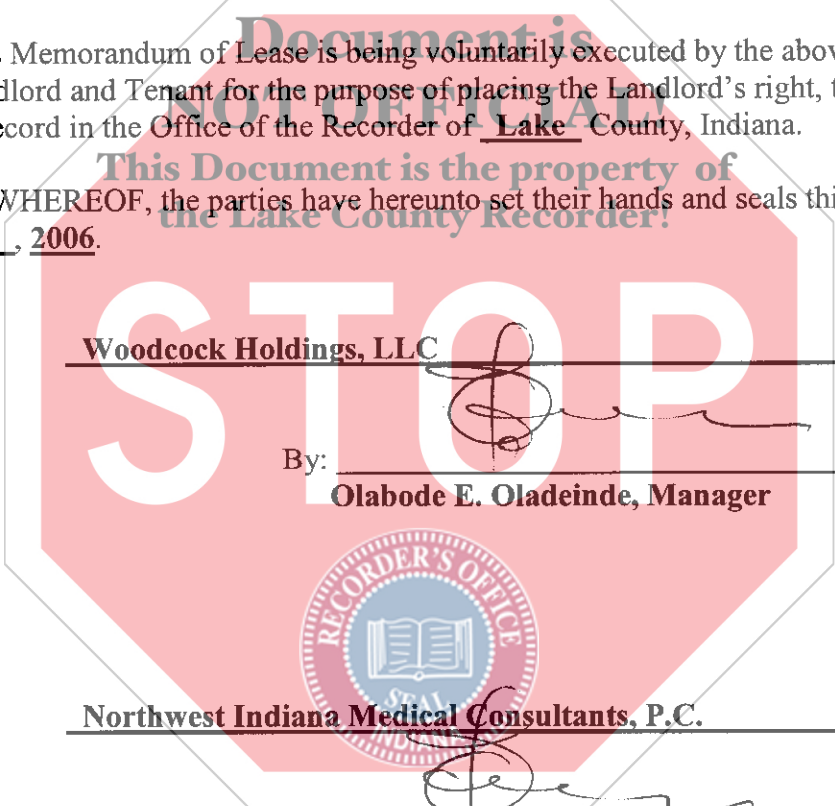
4. The term of the Lease is January 1, 2006 to December 31, 2030.

5. This Memorandum of Lease is being voluntarily executed by the above-referenced Landlord and Tenant for the purpose of placing the Landlord's right, title and interest of record in the Office of the Recorder of Lake County, Indiana.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this sixteenth day of March, 2006.

LANDLORD: Woodcock Holdings, LLC  
By: [Signature]  
**Olabode E. Oladeinde, Manager**

TENANT: Northwest Indiana Medical Consultants, P.C.  
By: [Signature]  
**Olabode E. Oladeinde, President**



Chicago Title Insurance Company

LAKE COUNTY, INDIANA  
FILED FOR RECORD

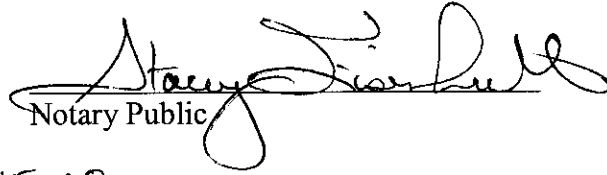
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9/26/06

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for the State of Indiana, personally appeared **Olabode E. Oladeinde, Manager of Woodcock Holdings, LLC** being first duly sworn by me upon their oath, state that the facts alleged in the foregoing instrument are true. Signed and sealed this 16<sup>th</sup> day of March, 2006.

  
Notary Public

My Commission Expires: 01-15-08

My County of Residence: Lake



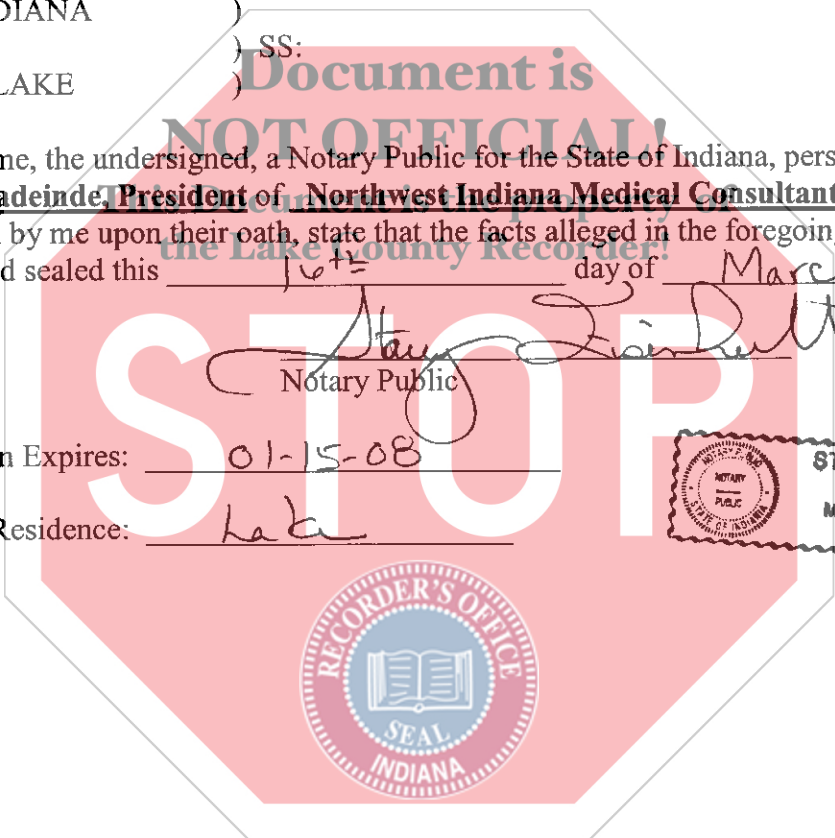
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public for the State of Indiana, personally appeared **Olabode E. Oladeinde, President of Northwest Indiana Medical Consultants, P.C.** being first duly sworn by me upon their oath, state that the facts alleged in the foregoing instrument are true. Signed and sealed this 16<sup>th</sup> day of March, 2006.

  
Notary Public

My Commission Expires: 01-15-08

My County of Residence: Lake



**This Instrument Prepared By: William S. Keown**

Exhibit A

All that part of the Northeast Quarter of Section 4, Township 35 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at the Northeast corner thereof; thence South along the East line of said Section 4, a distance of 103.06 feet; thence West at right angles a distance of 500.00 feet; thence North a distance of 108.44 feet along a line that is parallel to and 500.00 feet West of the East line of said Section 4 to a point on the North line of said Section 4; thence East along the North line of said Section 4 to the point of beginning.



Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

