

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) 219-838-1890	FILED OFFICE ACCT #
B. RETURN TO: (Name and Address) LYNNE J. COX, PARALEGAL 1631 FISHER ST. MUNSTER, IN 46321	

2007 000008

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JAN -4 AM 8:50

MICHAEL A. BROWN
RECORDER

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 MERRILLVILLE SURGERY CENTER, LLC				
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:

Jan 1-3-07

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.)