

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ACNAME & PHONE OF CONTACT (optional)
Amy 365-4082 or Karen 365-4864

FILING OFFICE ACCT# **2007 000068**

80RETURN TO: (Name and Address)

**The Paper Chase of
 Northwest Indiana, Inc.
 9505 Genevieve Drive
 St. John, IN 46373**

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2007 JAN 23 AM 11:56
 MICHAEL A. BROWN
 RECORDER

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 **HEARTLAND MEMORIAL HOSPITAL LLC**

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)
		<i>Nothing on file</i>

30 ADDITIONAL SERVICES:

Thru date: 1-22-07

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

CK# 3100

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

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