

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] Scott Green	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)  McGladrey & Pullen, LLP AMCORE Financial Plaza 501 7th Street Rockford, IL 61104	

2007 000109

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 FEB -6 AM 9:32

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 Indiana Phlebology, P.C.				
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:

*shru 2-5-07*

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.)

FILING OFFICE COPY (1)

NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01)

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218