# INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| A☐NAME & PHONE OF CONTACT [optional] | FILING OFFICE ACCT # |
|---|---|
| Amy 365-4082 or Karen 365-4864 | |

B☐RETURN TO: (Name and Address)

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┌─                            ─┐
        The Paper Chase of
     Northwest Indiana, Inc.
        9505 Genevieve Drive
          St. John, IN  46373
└─                            ─┘
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**2007 000239**

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 | | | |
|---|---|---|---|
| Dyer Medical Associates, 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:

Thru date: _3-30-07_

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☐☐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)