

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

A. NAME & PHONE OF CONTACT AT FILER [optional] Thomas M. Hanahan - (317) 639-6151	FILING OFFICE ACCT # 2007 000404
B. RETURN TO: (Name and Address) Thomas M. Hanahan Wooden & McLaughlin LLP One Indiana Square Suite 1800 Indianapolis, Indiana 46204	

2007 JUN -5 PM 4:26

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

OR	1a. ORGANIZATION'S NAME DYER MEDICAL PARTNERS, LLC			
	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 includes 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

3. ADDITIONAL SERVICES:

then 6/4/07

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) Lake County, Indiana Recorder

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