A NAME & PHONE OF CONTACT AT FILER (pylonosi) Thomas M. Hanahan (317) 639-6151 B RETURN TO, (Name and Address) Thomas M. Hanahan Vooden & McLaughlin LLP One Indiana Square Suite 1800 Indiana polis, Indiana 46204 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR NAME to be searched—insert only gag debtor name (ta or 1b) do not abbreviate or combine names To GRANIZATION'S NAME DYER MEDICAL PARTNERS, LLC OR 1. DIFFORMATION OPTIONS relating to UCC flings and other notices on file in the filing office that includes as a Debtor name identified in item 1: 2. SEARCH RESPONSE CERTIFIED (Optional) Select one of the following two options: X ALL (Check this box to request a response that is complete, including filings that have lapsed) VONLAPSED 2c. SPECIFIED COPIES ONLY CERTIFIED (Optional) Record Number Date Record Filed (if required) Type of Record and Additional Identifying Information (if required) NOTICES 3. ADDITIONAL SERVICES:		MATION REQUEST NSTRUCTIONS (front and back) CARE	FULLY		STATE OF IND	IANA.			
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4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):									
4a. Pick Up	4a.	Ріск Ор							
4b. Other	4b.	Other			·				

FILING OFFICE COPY (1) - NATIONAL INFORMATION REQUEST (FORM UCC11) (REV. 05/09/01) Lake County, Indiana Recorder

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