INFORMATION REQUEST
FOLLOW INSTRUCTIONS (front and back) CAREFULLY   KKC 2354KK 07

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #

B. RETURN TO: (Name and Address)

Meridian Title Corp.
746 E. Lincoln Hwy.
Schererville, IN 46375

2007 000473

2007 JUN 28 PM 1:52

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
Health Quest Realty II

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)

3. ADDITIONAL SERVICES:

Thom 4-27-07

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.)

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