



INFORMATION REQUEST
State Form 55241 (4-13)

2014 000502

STATE OF INDIANA
LAW
FILE

2014 NOV 21 AM 9:45

MICHAEL B. BROWN
RECORDER

FOLLOW INSTRUCTIONS.

| | |
|--|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) KAREN & AMY 219-365-4082 | FILING OFFICE ACCT # |
| B. E-MAIL CONTACT AT FILER (optional) | |
| C. RETURN TO: (Name and Address) THE PAPER CHASE OF NORTHWEST INDIANA INC 9505 GENEVIEVE ST. JOHN IN 46373 | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1. DEBTOR'S NAME to be searched: Provide only one Debtor name (1a or 1b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.)

| | |
|----|---|
| OR | 1a. ORGANIZATION'S NAME D.L. FORTSON, M.D., P.C. |
| | 1b. INDIVIDUAL'S SURNAME |
| | INDIVIDUAL'S FIRST PERSONAL NAME |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor 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) |
|---------------|---------------------------------|---|
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3. ADDITIONAL SERVICES:

THRU DATE: Nov 21-2014

Nothing on File

4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in Item C unless otherwise instructed here.):

- 4a. Pick Up
- 4b. Other

OK # 4953

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.)