

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) KAREN 219-680-0066	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address) THE PAPER CHASE OF NORTHWEST INDIANA INC	

GINA PIMENTEL
RECORDER
2021-032089
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
3:09 PM 2021 Apr 14

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.)

1a ORGANIZATION'S NAME VALPARAISO MEDICAL DEVELOPMENT, LLC
OR 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 to 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 *After 10/1/20*

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:

THROUGH DATE:

Nothing on file as of 10/31/20.

ck#bbsy

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

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.) *\$2500*

International Association of Commercial Administrators (IACA)