

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**
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-002652
1:55 PM 2022 Jan 20

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
One Home Health Agency Ltd

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 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:

THROUGH DATE:

Nothing on file as of 1/31/20.

ck# 6900

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

\$25.00

Specify desired method (if available from this office), provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)