

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST

State Form 55241 (4-13)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) AMY 219-218-2614	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 Drive Saint John, IN 46373	GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2023-009212 2:44 PM 2023 Mar 24	
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 YOUR HOMETOWN ANIMAL HOSPITAL, 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 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)

3. ADDITIONAL SERVICES:

thru:

Nothing on file as of 10/31/20.

CHECK# 7322

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 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.)