

00201511

INFORMATION REQUEST

FOLLOW INSTRUCTIONS

A. SUBMITTER NAME & PHONE (optional) Thomas E Camarda 224-279-8856		FILING OFFICE ACCT #
B. E-MAIL CONTACT AT SUBMITTER tcamarda@gmx.com		
C. RETURN SEARCH RESULTS TO: (Name and Address) Thomas E Camarda 500 Cunat Blvd #2B Richmond, IL 60071		

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 ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS)
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:

SEARCH TYPE ☐ NON-CERTIFIED OR ☒ CERTIFIED
 Select one of the following two options: ☐ UNLAPSED RECORDS ONLY ☒ ALL (Results provide all matching records, including those that have lapsed.)
 INCLUDE COPIES? ☐ YES ☒ NO
 INCLUDE ALL AVAILABLE LIENS IN INDEX (if applicable)? ☐ YES ☒ NO

3. COPY REQUEST ONLY (no search will be conducted) ☒ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

4. ADDITIONAL SERVICES:

What I am specifically looking for is simply the certified UCC-11 search for the record 031168309 that displays the Secured Party and the Debtor in the same way the uncertified online UCC search works.

If you could send this in a PDF format as it is needed for inclusion in a Supplemental Brief to the Appellate Circuit without delay for ongoing legal action in the case Thomas Camarda v Elizabeth Whitehorn et al.

5. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item C unless otherwise instructed here):

5a. ☐ Pick Up
 5b. ☒ Other PDF delivery is acceptable.
 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.)

UCIN30

INFORMATION LISTING FOR 00000100

PAGE 001

FILE# 31168309 FILE DATE 10/13/24 FILE TIME 23:25 1
DEBTOR ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS)

SECURED BY 201 S GRAND AVE EAST SPRINGFIELD, IL. 627630000
CAMARDA, THOMAS E
500 CUNAT BLVD #2B RICHMOND, IL. 60071



OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

201511

DECEMBER 17, 2024

TCAMARDA@GMX.COM

RE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS)

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFICATE(S) REQUESTED CONCERNING THE ABOVE REFERENCED UNIFORM COMMERCIAL CODES.

THE CERTIFICATE(S) WAS/WERE ASSIGNED AUTHENTICATION NUMBER 2435201837.

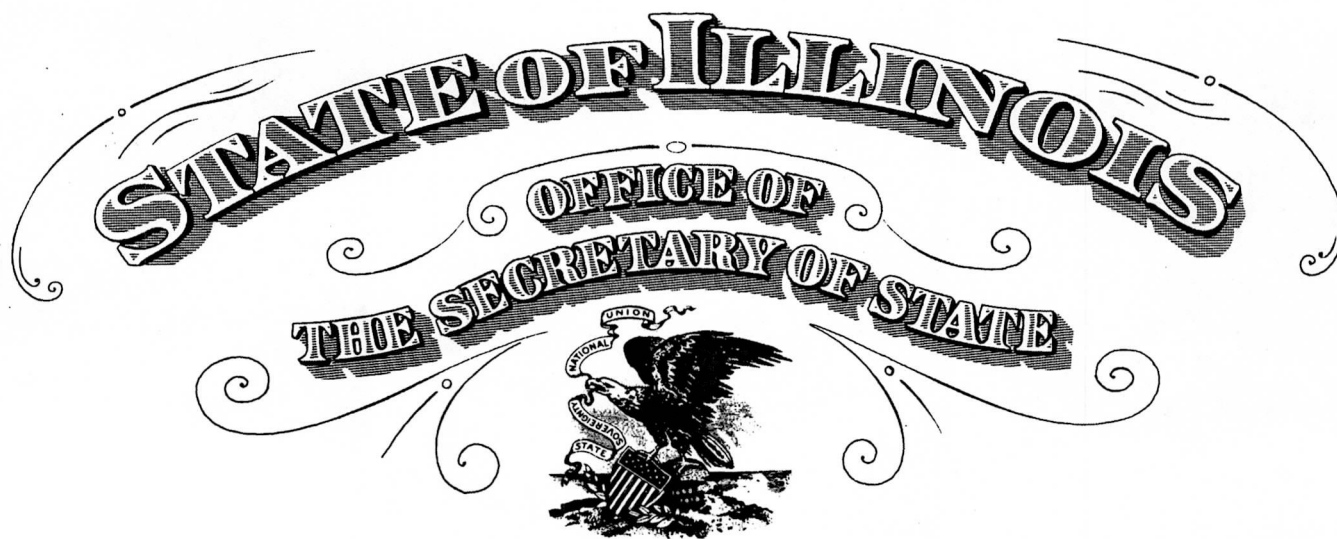
THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

ALEXI GIANNOULIAS
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
UNIFORM COMMERCIAL CODES DIVISION
TELEPHONE: (217) 524-8008

AG:UCC



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE ATTACHED HERETO IS A TRUE AND CORRECT SEARCH RESPONSE AS TAKEN FROM THE ORIGINAL RECORDS ON FILE IN THIS OFFICE FOR ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS).



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of DECEMBER A.D. 2024 .

Alexi Giannoulas

SECRETARY OF STATE