

00201696

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS

A. SUBMITTER NAME & PHONE (optional) <b>Thomas E Camarda 224-279-8856</b>	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT SUBMITTER <b>tcamarda@gmx.com</b>	
C. RETURN SEARCH RESULTS TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Thomas E Camarda</b>  <b>500 Cunat Blvd #2B</b>  <b>Richmond, IL 60071</b> </div>	

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 <b>ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS)</b>
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:

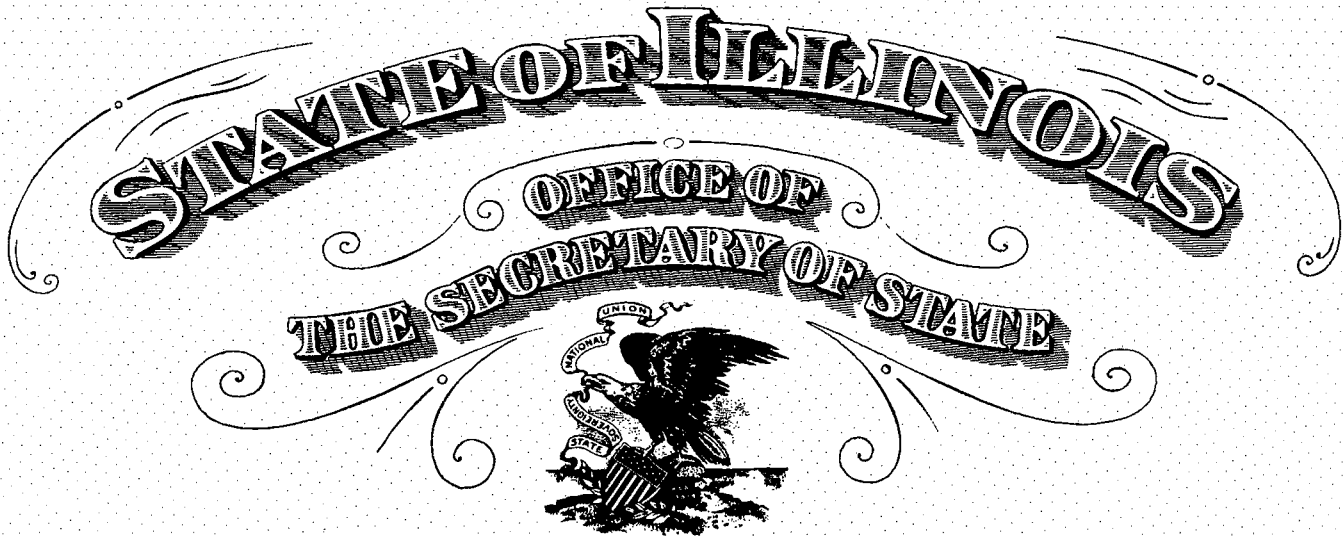
What I am specifically looking for is simply the certified UCC-11 search for the record 031428017 that displays the Secured Party and the Debtor in the same way the uncertified online UCC search works.

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. This is a new lien related to esclated damages.

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.)



**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 30TH  
day of DECEMBER A.D. 2024 .*

*Alexi Giannoulas*

SECRETARY OF STATE



## OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

201696

DECEMBER 30, 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 2436501829.

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

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

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

FILE# 31428017 FILE DATE 12/26/24 FILE TIME 17:40 1  
DEBTOR ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (DCSS)

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