CITIZENS F. 188 INDUST STE. 128 ELMHURST	S (front and back) CONTACT AT FILE A (630) 833-62 MENT TO: (Nam INANCE CO. RIAL DR.	PR [optional] 222 EXT 10 are and Address)	2005 000055		ETATE OFFICE US	PM 2: 35 BROWN
1. DEBTOR'S EXACT F		E - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names	_		
OR the INDUITED AND AREA	NAME		FIGGT NAME	THIDDI S	NAME	Telleriy
1b. INDIVIDUAL'S LAST NAME MILLER			FIRST NAME	MIDDLE	NAME	SUFFIX
WILLER			WILLIE			
1c. MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS 2156 MCKINLEY S			CITY GARY	IN	46404-3047	COUNTRY
1c. MAILING ADDRESS	ADD'L INFO RE ORGANIZATION DEBTOR	16. TYPE OF ORGANIZATION Individual	СПҮ	IN		
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL	Individual	GARY 11. JURISDICTION OF ORGANIZATION	IN 1g. ORG	46404-3047	USA
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL	Individual	GARY 11. JURISDICTION OF ORGANIZATION IN	IN 1g. ORG	46404-3047	USA
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Individual	GARY 11. JURISDICTION OF ORGANIZATION IN	IN 1g. ORG	46404-3047 ANIZATIONAL ID #, if any	USA
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Individual	GARY 1f. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb	IN 19. ORG	46404-3047 ANIZATIONAL ID #, if any	USA P NON
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Individual	GARY 11. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb	IN 1g. ORG ine names MIDDLE	46404-3047 ANIZATIONAL ID #, if any	USA SUFFIX COUNTRY
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR S NAME (or NAME or	EGAL NAME - insert only one	GARY 1f. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb	IN 19. ORG ine names MIDDLE STATE 29. ORG	ANIZATIONAL ID #, if any NAME	USA NON
1c. MAILING ADDRESS 2.156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY'S 3a. ORGANIZATION'S N CITIZENS FINA	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR S NAME (or NAME ORAME)	EGAL NAME - insert only one of total assignee of assignor	GARY 1f. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	IN 19. ORG ine names MIDDLE STATE 29. ORG	ANIZATIONAL ID #, if any NAME	USA NON
1c. MAILING ADDRESS 2.156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY'S 3a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR S NAME (or NAME OF NAME OF NAME)	EGAL NAME - insert only one of total assignee of assignor	GARY 1f. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	IN 19. ORG ine names MIDDLE STATE 29. ORG	ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any	USA NON
1c. MAILING ADDRESS 2156 MCKINLEY S 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTO 2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY'S 3a. ORGANIZATION'S N CITIZENS FINA	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR S NAME (or NAME OF NAME OF NAME)	EGAL NAME - insert only one of total assignee of assignor	GARY 11. JURISDICTION OF ORGANIZATION IN debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3)	IN 19. ORG ine names MIDDLE STATE 2g. ORG	ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any	USA SUFFIX COUNTRY

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAIL	OR SELLER/BUYER	AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	i) in the REAL 7, Check to REQUEST SEARCH [if applicable] [ADDITIONAL FEE]	REPORT(S) on Debtor(s) [optional] Al	ill Debtors Debtor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA			

TATE OF INDIANT LAKE COUNTY FILED FOR RECORD **2005** 000055 **UCC FINANCING STATEMENT AD** 2005 JAN 24 PM 2: 35 FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT MICHAEL A BROWN RECORDER 9a ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX **MILLER** WILLIE 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 11d. TAX ID #: SSN OR EIN 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION NONE ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 12c, MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collateral description: collateral, or is filed as a fixture filing. 14. Description of real estate PIN:254704230017 LEGAL: WOODED GROVE ADD. L. 17 BL. 3 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years