STATE UP THAT I LAKE COUNTS FILED FOR RECOR

A. NAME AND PHONE OF						n 1 6	
A. IVANIE MID I HOME OF	CONTACT AT F	FILER (optional)	05 09 00 7 6	2295	JAM 28 PM 3	2: 16	
	oon nor no	TELLY (Optionary)		7. A1	MIAE 1 308	NA/NI	
. SEND ACKNOWLEDGM	ENT TO: (Name	and Address)		MICHAEL A BROWN REDORACER			
					Delay of the		
Garv, East	: Chicago,	Hammond	l l				
Empowermer	-						
-	way, 2nd Fl	oor					
	iana 46402	.552					
-							
Le a	Had	monto	THE ABOVE SPA	ACE IS FO	R FILING OFFICE	USE ONLY	
DEBTOR'S EXACT FULL	LEGAL NAME -	Insert only one debtor (1a or 1b) - de	o not abbreviate or combine names				
1a. ORGANIZATION'S	NAME						
R Quonum Sele	ection and	Search	1				
1b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
Barrett			Charles		F		
. MAILING ADDRESS			CITY	STATE		COUNTRY	
_330 W US :	30, Suite		Valparaiso	IN	46385	USA	
	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if	•	
	DEBTOR	Corporation	Indiana			NONE_	
		EGAL NAME - Insert only one deb	tor (2a or 2b) - do not abbreviate or combine names				
2a. ORGANIZATION'S	NAME						
				1.455.5			
	2b. INDIVIDUAL'S LAST NAME			MIDDLE NAME			
2b. INDIVIDUAL'S LAS	INAME		FIRST NAME	MIDDEL	- 10 (10)	SUFFIX	
2b. INDIVIDUAL'S LAS							
2b. INDIVIDUAL'S LAS			CITY	STATE		COUNTRY	
2b. INDIVIDUAL'S LAS		a TOPS OF OPCANIZATION	CITY	STATE	POSTAL CODE	COUNTRY	
2b. INDIVIDUAL'S LAS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	CITY	STATE		COUNTRY	
26. INDIVIDUAL'S LAS	ADD'L INFO RE ORGANIZATION DEBTOR		CITY 2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE	COUNTRY	
2b. INDIVIDUAL'S LAS . MAILING ADDRESS SECURED PARTY'S NAI	ADD'L INFO RE ORGANIZATION DEBTOR ME (Or NAME of		CITY	STATE 2g. ORG	POSTAL CODE	COUNTRY	
2b. INDIVIDUAL'S LAS . MAILING ADDRESS SECURED PARTY'S NAI 3a. ORGANIZATION'S	ADD'L INFO RE ORGANIZATION DEBTOR ME (Or NAME OF NAME	TOTAL ASSIGNEE of ASSIGN	CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a o	STATE 2g. ORG	POSTAL CODE	COUNTRY	
26. INDIVIDUAL'S LAS MAILING ADDRESS SECURED PARTY'S NAI 3a. ORGANIZATION'S Cary, East	ADDIL INFO RE ORGANIZATION DEBTOR ME (or NAME of NAME Chicago, F		CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a o	STATE 2g. ORO	POSTAL CODE GANIZATIONAL ID #, if	COUNTRY	
2b. INDIVIDUAL'S LAS . MAILING ADDRESS SECURED PARTY'S NAI 3a. ORGANIZATION'S Garvy, Fast	ADDIL INFO RE ORGANIZATION DEBTOR ME (or NAME of NAME Chicago, F	TOTAL ASSIGNEE of ASSIGN	CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a o	STATE 2g. ORG	POSTAL CODE GANIZATIONAL ID #, if	COUNTRY	
2b. INDIVIDUAL'S LAS E. MAILING ADDRESS SECURED PARTY'S NAI 3a. ORGANIZATION'S Gary, East 3b. INDIVIDUAL'S LAS	ADDIL INFO RE ORGANIZATION DEBTOR ME (or NAME of NAME Chicago, F	TOTAL ASSIGNEE of ASSIGN	CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a o	STATE 2g. ORG or 3b)	POSTAL CODE GANIZATIONAL ID #, if	COUNTRY any NONE	
2b. INDIVIDUAL'S LAS E. MAILING ADDRESS SECURED PARTY'S NAI 3a. ORGANIZATION'S Cary, East	ADD'L INFO RE ORGANIZATION DEBTOR ME (Or NAME of NAME Chicago, F	TOTAL ASSIGNEE of ASSIGN Jammond Empowerment Z	CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a o	STATE 2g. ORG or 3b)	POSTAL CODE GANIZATIONAL ID #, if	COUNTRY	

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE / LESSOR CONSIGNEE / CONSIGNOR BAILEE / BAILOR SELLER / BUYER AG. LIEN NON-UCC FILING

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

(ADDITIONAL FEE) (optional)

ESTATE RECORDS. Attach Addendum (if applicable)

8. OPTIONAL FILER REFERENCE DATA

6. \square This FINANCIAL STATEMENT is to be filed (for record) (or recorded) in the REAL

UCC FINANCING STATEMENT ADDENDUM

State Form 50181 (5-01)
Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT		STATE OF INDIAN.				
9. NAME OF FIRST DEBTOR (1a or 1b) C		LAKE COUNTY FILED FOR RECORD				
9a. ORGANIZATION'S NAME				FILED FUR HE	LUKL	
OR Quorum Selection 9b. INDIVIDUAL'S LAST NAME	Quorum Selection and Search b. INDIVIDUAL'S LAST NAME FIRST NAME 2		2005 JAN 28 PM 2: 17			
Barrett	Charles					
10. MISCELLANEOUS			MICHAEL 4 BR	OWN		
				RECLARATE		
·				S FOR FILING OFFIC	E USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL 11a. ORGANIZATION'S NAME	LEGAL NAME - Insert only one deb	otor (11a or 11b) - do not abbreviate or combine na	ımes			
TIA. ORGANIZATIONS NAME						
11b. INDIVIDUAL'S LAST NAME	11b. INDIVIDUAL'S LAST NAME		MIDDLI	ENAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OF	RGANIZATIONAL ID#, If	any	
DEBTOR		NONE				
12. ADDITIONAL SECURED PARTY'S	F ASSIGNOR S/P'S NAME - I	nsert only one secured party name (12a or 12b)				
12a. ORGANIZATION'S NAME						
12b. INDIVIDUAL'S LAST NAME	12b. INDIVIDUAL'S LAST NAME		MIDDLE	MIDDLE NAME SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
3. This FINANCING STATEMENT covers as-extracted collateral, or as a f	16. Additional collateral description:					
Description of real estate:						
		•				
5. Name and address of a RECORD OWNE	R of above-described real estate					
(If Debtor does not have a record interest	, <u> </u>	17. Check only if applicable and check only one box.				
		Debtor is aTrust orTrustee acting with respect to property held in trust orDecedent'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					