| FOLLOW INSTRUC | CTIONS | (FRONT | AND | BACK) | CAREF | ULLY. |
|----------------|--------|--------|-----|-------|-------|-------|
|----------------|--------|--------|-----|-------|-------|-------|

| | | FILEDS | 100000 |
|--|--|---------------------------------|---------------|
| A. NAME AND PHONE OF CONTACT AT FILER (optional) | 2005 000144 | | |
| Kathryn I. Walker (219) 881-4808 | | 2005 FEN 13 | 1001 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| | \neg | Market Comment | 15720. |
| Economic Development Corporation | 1 | | 学 子 |
| 839 Broadway, 2nd Floor North | | •• | |
| Gary, IN 46402 | | | |
| (10.02 | | | |
| * () | | | |
| sei attachments | | | |
| | THE ABOVE SPA | CE IS FOR FILING OFFICE US | E ONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor (1a or 1b) - do | o not abbreviate or combine names | | |
| 1a. ORGANIZATION'S NAME | | | |
| Robinson Adult Day Services | | · | · |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 1c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 5900 East 3rd Avenue | Gary | IN 46403 | |
| ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | , |
| DEBTOR | <u> </u> | | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debt | or (2a or 2b) - do not abbreviate or combine names | | |
| 2a. ORGANIZATION'S NAME | | | |
| OR | I | Lunas e iliaie | 1 |
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 2c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| | | | L |
| ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | |
| DEBTOR | | | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO | OR S/P) - insert only one secured party name (3a or 3 | b) | |
| 3a. ORGANIZATION'S NAME | | | |
| City of Gary Economic Development C | orporation First NAME | MIDDLE NAME | SUFFIX |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUPPIX |
| c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 839 Broadway, 2nd Floor North | | 16100 | |
| F. This FINANCING STATEMENT covers the following collateral: | Gary | IN 46402 | <u> </u> |
| | after consisted consumts | manairrahlas from an | . fodomol |
| All of debtors assets now owned or here state, local, charitable agency or comm | | | |
| but not limited to all office furnishir | | | |
| proceeds thereof. | igs and equipment, invent | ory, addomobiles, e | ic. and a |
| proceeds thereor. | | | |
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| ALTERNATIVE PERIODICAL CONTROL OF THE PERIOD | WOODER LOOKS OF THE PROPERTY O | | |
| ALTERNATIVE DESIGNATION (if applicable): LESSEE / LESSOR CC | | | JN-UCC FILING |
| This FINANCIAL STATEMENT is to be filed (for record) (or recorded) in the R ESTATE RECORDS, Attach Addendum (if applicable) | FAL 7. Check to REQUEST SEARCH RE (ADDITIONAL FEE) (optional) | All Debtors Debtor 1 | Dobtor 2 |
| OPTIONAL FILER REFERENCE DATA | | T VII DEDICIS T DEDICIT T | Deniol 2 |

^{*}ILING OFFICE COPY - INDIANA UCC FINANCING STATEMENT

UCC FINANCING STATEMENT ADDENDUM

State Form 50181 (5-01)

Approved by State Board of Accounts, 2001

| FOLLOW INSTRUCTIONS (FRONT AND B | ACK) CAREFULLY. | | | | | |
|--|----------------------------|---|----------------------|-------------|----------------------------|------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON REL | ATED FINANCING STATE | MENT |] | | 4 / | |
| 9a. ORGANIZATION'S NAME | 1 | | FILEDE | | | |
| Robinson Adult Day Serv | rices | | | | 116-69 | 1000 |
| 9b. INDIVIDUAL'S LAST NAME F | IRST NAME | MIDDLENAME SUFFIX | 10144 | | 2005 557 63 | |
| 10. MISCELLANEOUS | | | | | | |
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| | · | | | | FOR FILING OFFICE | E USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL | NAME - insert only one deb | tor (11a or 11b) - do not abbrevi | ate or combine names | | | |
| 11a. ORGANIZATION'S NAME | | | | | | |
| DR | | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | : | | | | |
| 11c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | | |
| ADD'L INFO RE 000 000 000 000 000 000 000 000 000 | YPE OF ORGANIZATION | 11f. JURISDICTION OF O | RGANIZATION | 11g. OR | GANIZATIONAL ID #, if a | any |
| DEBTOR | | | | | | □ NONE |
| 2. ADDITIONAL SECURED PARTY'S or A | SSIGNOR S/P'S NAME - i | nsert only one secured party nar | ne (12a or 12b) | | | |
| 12a. ORGANIZATION'S NAME | | | | | | |
| _ | | | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | | | | | |
| 2c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | | |
| 3. This FINANCING STATEMENT covers timb | per to be cut | 16. Additional collateral de | scription: | | | |
| as-extracted collateral, or as a fixture fill | | | • | | | |
| Description of real estate: | | | | | | |
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| F. Name and address of a DECORD CARLED of all | | | | | | |
| Name and address of a RECORD OWNER of about (if Debtor does not have a record interest): | _ | 47.05-11-7 | | | | _ _ |
| Design does not have a record interesty. | | 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 | | | | |
| | <u> </u> | | | | operty held in trust or De | ecedent's Estate |
| | | 18. Check only if applicable and check only one box. | | | | |
| | | Debtor is a TRANSMITTING UTILITY | | | | |
| | | | | | nsaction - effective 30 ye | ars |
| | | Filed in connection wit | h a Public-Finance | Transacti | on - effective 30 years | |