			w.,	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Sarah Mansell (616) 940-9400	2005 000148	2005 F = 100		
B. SEND ACKNOWLEDGMENT TO: (Name and Address) NPB Mortgage LLC 770 Kenmoor SE Grand Rapids, MI 49546			έω . 	TAY.
De e onersire attachments		SPACE IS FO	R FILING OFFICE USE	ONLY
 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME 	or 1b) - do not appreviate or combine names			
OR ALL NOWSDIALIST ACT NAME				
TO. INDIVIDUALS LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Taylor-Biddings	Angela	Υ.		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4014 Rhode Island Street	Gary	IN	46409	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual	1f. JURISDICTION OF ORGANIZATION	I I OKG	ANIZATIONAL ID#, if any	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS	FIRST NAME	MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTR		SUFFIX
20. WAILING ADDRESS	Sit 1	SIAIL	FOSTAL GODE	COCIVILLY
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	Non
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R S/P) - insert only one secured party name (3a or 3	b)		
NPB Mortgage LLC				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
770 Kenmoor Avanue, Suite 201	Grand Rapids	MI	49546-8621	USA
4. This FINANCING STATEMENT covers the following collateral: All Fixtures; whether any of the foregoing is owned now or a to any of the foregoing; all records of any kind relating to any	acquired later; all accessions, addition	s, replacer	nents, and substitu	tions relating

AG. LIEN

NON-UCC FILING

All Debtors Debtor 1 Debtor 2

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE]

8. OPTIONAL FILER REFERENCE DATA

18. Check only if applicable and check only one box.	ANCING STATEMENT TRUCTIONS (front and back) CAR FIRST DEBTOR (1a or 1b) ON F NIZATION'S NAME	, oll ,		FILED S.	1 1
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only give name (11a or 11b) - do not abbreviate or combine names 11a ORGANIZATIONS HAME FIRST NAME			· ·	14 H. 17 17 17 17 17 17 17 17 17 17 17 17 17	1 C pa.
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11s. INDIVIDUAL'S LAST NAME			THE	ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
Tib. INDIVIDUAL'S LAST NAME		GAL NAME - insert only one r	name (11a or 11b) - do not abbreviate or com	bine names	
11c. MAILING ADDRESS CITY STATE POSTAL CODE 11d. SEE INSTRUCTIONS ADDL INFO RE 11e. TYPE OF ORGANIZATION DIGGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL IO #, if any DEBTOR 12a. ORGANIZATIONS NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME 16c. Additional collateral description: 16c. Additional collateral descr					
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DR DR DR DR DR DR DR DR	ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME R 12b. INDIVIDUAL'S LAST NAME FIRST NAME	ORGANIZATION	. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if an	· —
12a. ORGANIZATIONS NAME T2b. INDIVIDUAL'S LAST NAME		ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b	<u> </u>	N
2c. MAILING ADDRESS CITY STATE POSTAL CODE 3. This FINANCING STATEMENT covers				,	
3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 4. Description of real estate: THE LAND REFERRED TO IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA, AND IS DESCRIBED AS FOLLOWS: LOTS 1 AND 2, BLOCK 1, DOUGLAS PARK ADDITION TO THE CITY OF GARY, AS SHOWN IN PLAT BOOK 8, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. 5. 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 D. 18. Check only if applicable and check only one box.	VIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
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collateral, or is filed as a	ADDRESS		CITY	STATE POSTAL CODE	COONTRY
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			Debtor is a Trust or Trustee actin	g with respect to property held in trust or	Decedent's Es
☐ Debtor is a TRANSMITTING UTILITY			Debtor is a TRANSMITTING UTILITY	y one box.	
Filed in connection with a Manufactured-Home Transaction - effective 30 years			Filed in connection with a Manufacture	d-Home Transaction - effective 30 years	