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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

UCC FINANCING STATEMENT

2005 000196

2005 MAR -9 PM 3:02

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

MOORE A BROWN
ASSISTANT

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITIZENS FINANCIAL SERVICES, FSB
ATTN: COMMERCIAL LENDING DEPT.
1100 E. JOLIET STREET
DYER, IN 46311

see attachment

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME CORRALEZ		FIRST NAME DAVID		SUFFIX
1c. MAILING ADDRESS 3945 MISSOURI STREET		CITY HOBART		STATE POSTAL CODE COUNTRY IN 46342 USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME CORRALEZ		FIRST NAME MARGARET		SUFFIX
2c. MAILING ADDRESS 3945 MISSOURI STREET		CITY HOBART		STATE POSTAL CODE COUNTRY IN 46342 USA
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME CITIZENS FINANCIAL SERVICES, FSB				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		SUFFIX
3c. MAILING ADDRESS 1100 E. JOLIET STREET		CITY DYER		STATE POSTAL CODE COUNTRY IN 46311 USA

4. This FINANCING STATEMENT covers the following collateral:

ALL EQUIPMENT, INVENTORY, ACCOUNTS, INSTRUMENTS, DOCUMENTS, CHATTEL PAPER, DEPOSIT ACCOUNTS, LETTER-OF-CREDIT RIGHTS, SUPPORTING OBLIGATIONS, INVESTMENT PROPERTY, GENERAL INTANGIBLES, AND FIXTURES, WHETHER OWNED NOW OR HEREAFTER ACQUIRED.

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

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum If applicable 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) optional All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 MAR -9 PM 3:02
MICHAEL BROWN

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

2005-000196

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME CORRALEZ	FIRST NAME DAVID	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 QUIZNO'S MIDWEST			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 3945 MISSOURI STREET	CITY HOBART	STATE IN	POSTAL CODE COUNTRY USA
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION ASSUMED NAME	11f. JURISDICTION OF ORGANIZATION LAKE COUNTY, IN
11g. ORGANIZATIONAL ID #, if any			<input checked="" type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or 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 as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

PART OF THE FRACTIONAL SOUTHEAST QUARTER OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 10 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS: COMMENCING AT A POINT 40 FEET WEST OF THE EAST LINE OF SAID SECTION AND 610.24 FEET NORTH OF THE SOUTH LINE THEREOF; THENCE WEST PARALLEL TO THE SOUTH LINE OF SAID SECTION, 135 FEET; THENCE NORTH PARALLEL TO THE EAST LINE OF SAID SECTION, 210.24 FEET; THENCE EAST PARALLEL TO THE SOUTH LINE OF SAID SECTION, 135 FEET TO A POINT 40 FEET WEST OF THE EAST LINE OF SAID SECTION; THENCE SOUTH 210.24 FEET TO THE POINT OF BEGINNING, IN THE TOWN OF MUNSTER, LAKE COUNTY, INDIANA.

7940-46 Calumet Ave., Munster, IN 46321

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

NATIONAL SHOPPING PLAZAS, INC.
333 W. WACKER DR., #2750
CHICAGO, IL 60606

16. Additional collateral description:

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