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FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.	THIS IS TO OF	RILEU FUR KEU	UK.
A. NAME AND PHONE OF CONTACT AT FILER (optional) 200	5 000247 1	SF20115 MAN POOL POST	T. D.M.
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	by_ (e	THE POWER	MY.
Citizens Financial Services, FSB	1	HELL HOLLE	1
Attn: Commercial Lending Dept.	ł		V
1100 E. Joliet Street	1		
Dyer, IN 46311			
ple oversire			
		ACE IS FOR FILING OFFICE	USE ONLY
1. DESTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (1a or 1b) - de	o nat abbreviste or combine named		
1a. ORGANIZATION'S NAME			
Region Electric Corp.	FIRST NAME	MIDDLE NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAME	FIGURE		
1¢ MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3850 Grant Street -	Gary	IN 46408	USA
ADOLINFORE 15. TYPE OF ORGANIZATION		1g. ORGANIZATIONAL ID #, I	f any
ORGANIZATION COID.	Indiana	2002092600117	□ NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert prily one debt	tor (2a or 2b) - do not abbreviate or combine names		
28. ORGANIZATION'S NAME			
OR			
26. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ATT ACCOR OF THE OF CHICANIZATION	21, JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, I	f any
ADDLINFORE 26. TYPE OF ORGANIZATION DESTOR	21, JURISDICTION OF ORGANIZATION	29. GROANIZATIONAL ID W, I	□ NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S/P) - Insert only one secured party name (3s or	3b)	
34. ORGANIZATION'S NAME			
Citizens Financial Services, FSB			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
A. MAN ING ADDICTOR	Lord	STATE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS	CITY	DIVIE LEGIVE CORE	IUUUNIRY

4. This FINANCING STATEMENT covers the following collsteral:

1100 E. Joliet Street

All present and hereafter acquired or created inventories of goods and supplies held for sale or for use in debtor's business, fixtures and all accounts, accounts receivable, retainage, contract rights and instruments, now or hereafter in existence, acquired or created; also, all furniture, machinery and equipment, now in existence and to be acquired or created in the future and used in debtor's business, being such goods as are defined as equipment in Section 9-109 of the Uniform Commercial Code of the State of Indiana, together with all tools, accessories, parts, equipment and accessions now in, attached to or which may hereafter at any time be placed in or added to the above-described property; and also any replacements of such property.

Dyer

S, ALTERNATIVE DESIGNATION (# applicable): LESSEE/LESSOR CONSIGNEE	/CONSIGNOR BAILEE / BAILOR SELLER / BUYER AG. LIEN NON-LICC FILING
6. EX This FINANCIAL STATEMENT is to be filled (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) (aptional)    All Debtors
8. OPTIONAL FILER REFERENCE DATA	,

## UCC FINANCING STATEMENT ... DENDUM

State Form 50181 (5-01)

10, MISCELLANEOUS

Approved by State Board of Accounts, 2001

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT  SE. ORGANIZATION'S NAME  Region Electric Corp.  OR 90. INDIVIDUAL'S LAST NAME  FIRST NAME  RESERVATED FINANCING STATEMENT			
9,	NAME OF FIRST DEBTOR (14 or 16) ON RELATED FINANCING STATEMENT  SE. ORGANIZATION'S NAME  REGION Electric Corp.		
	Region Electric Corp.		,
OR	90. INDIVIDUAL'S LAST NAME	FIRST NAME 2005	000217

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2005 Man 29 PM 4: 07
MICHAEL A BROWN
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				THE ABOVE S	SPACE IS	FOR FILING OFFI	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME - Insert only one deb	(or (11a or 11b) - do not abbrey	ele or cámbina name	98		
	11a. ORGANIZATION'S NAME					·	
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
110	, MAILING ADDRESS		СПҮ		STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE ORGANIZATION DEBTOR	11s. TYPE OF ORGANIZATION	111. JURISDICTION OF C	RGANIZATION	11g. OR	GANIZATIONAL ID#,	If any
12.	ADDITIONAL SECURED PARTY'S or	ASSIGNOR S/P'S NAME -	nsert only one secured party na	me (12a or 12b)			
	12a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·					•
OR	12b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIODLE	MIODLE NAME	
1 <b>2</b> c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14.	Description of real estate;  See attached Exhibit A for Lo	egal Description					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  3850 Grant, LLC 3850 Grant Street Gary, IN 46408			17. Check only if applicable Debtor is a Trust or Tr  18. Check only if applicable Debtor is a TRANSMI Filed in connection with	ustee soting with re s and check only o TTING UTILITY th a Manufactured	rspect to prone tox. -Home Tra	•	years

## **EXHIBIT A**

## LEGAL DESCRIPTION:

PARCEL 1: LOTS 14, 16, 18, 20, 22, AND 24, IN BLOCK 16, IN RED OAK SECOND ADDITION TO TOLLESTON, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7, PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL 2: LOT 26, BLOCK 16, IN RESUBDIVISION OF PARTS OF BLOCK 13 TO 16, ALL OF 17, IN RED OAK SECOND ADDITION TO TOLLESTON, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 3850 GRANT ST., GARY, IN 46308

TAX PARCEL NO: 49-309-21 & 49-314-2

2005 00024



#1147 W. 175TH ST., HOMEWOOD, ILLINOIS 60430

Telephone:

(708) 206-2170

Fax:

(708) 206-2175

March 24, 2005

To Lake County Recorders Office

To Whom It May Concern

Please be advised that the attached ucc financing statement

is a true and exact the original document

Cindy Kenney

Closing Officer

2005 00021

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