

UCC FINANCING STATEMENT AMENDMENT 2005 000269

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

LAKE COUNTY
FILED FOR RECORD

2005 APR -6 PM 1:06

MICHAEL J BROWN
REC'D

A. NAME & PHONE OF CONTACT AT FILER (optional)
DAWN MORARIO 219-942-1175

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

HFS BANK, F.S.B.
555 EAST THIRD STREET
P. O. BOX 487
HOBART, IN 46342-0487

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2000 002006

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME WELDON	FIRST NAME RANDY	MIDDLE NAME W	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
HFS BANK, F.S.B.

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
21-1103605

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2005 APR -6 PM 1:10

MICHAEL A BROWN
RECORDER

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] DAWN MORARIO 219-942-1175	2005 000270
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
HFS BANK, F.S.B. 555 EAST THIRD STREET P. O. BOX 487 HOBART, IN 46342-0487	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 2000 000769	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME			
OR			
6b. INDIVIDUAL'S LAST NAME MARRS	FIRST NAME JOHN	MIDDLE NAME	SUFFIX JR

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
			7g. ORGANIZATIONAL ID #, if any

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME HFS BANK, F.S.B.			
OR			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
28-1096106

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2005 APR -6 PM 1:10

MICHAEL A. BROWN
RECORDER

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000271

A. NAME & PHONE OF CONTACT AT FILER [optional]
DAWN MORARIO 219-942-1175

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

HFS BANK, F.S.B.
555 EAST THIRD STREET
P. O. BOX 487
HOBART, IN 46342-0487

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2000 000768

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME MARRS	FIRST NAME JOHN	MIDDLE NAME	SUFFIX JR
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
HFS BANK, F.S.B.

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
28-1096106

LAKE COUNTY
FILED FOR RECORD

2005 APR -6 PM 1:23

MICHAEL A BROWN
RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) ^{EXL} FILING OFFICE ACCT# 2005 000272
Caroline DeVries 219-987-4141 ²²⁶

B RETURN TO: (Name and Address)
DeMotte State Bank
Caroline DeVries
P.O. Box 400
DeMotte, IN 46310

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME			
OR			
1b INDIVIDUAL'S LAST NAME KRITLOW	FIRST NAME RON	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

Shri 4-5-05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other
 Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -6 PM 1:38

VICE MAYOR BROWN
RECORDED

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000273

A. NAME & PHONE OF CONTACT [optional] Kathryn I. Walker (219) 881-4808	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) City of Gary Economic Development Corp. 839 Broadway, 2nd Fl. North Gary, IN 46402	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Garza Maintenance & Construction LLC				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

4/5/05

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. Pick Up
4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKESHORE COUNTY
FILED FOR RECORD
2005 APR -6 PM 1:50
MICHAEL J. BROWN
RECORDER

ADNAME & PHONE OF CONTACT (optional) Sarah 219-462-2108	FILING OFFICE ACCT # 2005 000274
BRETURN TO: (Name and Address) H&P Sales & Service, Inc. 399 E US 30 Valparaiso, IN 46383	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME
Keithley Farms Inc

OR

1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3 ADDITIONAL SERVICES:

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up

4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA
EARLY DUE
FILED FOR RECORD

2005 APR -7 AM 8:57

MIDWEST PRODUCE
RECEIVED

2005 000275

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) Amy 365-4092 or Karen 365-2501	FILING OFFICE ACCT 05 000275
BRETURN TO: (Name and Address) <p style="text-align: center;">The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</p>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME MAL FOODS	OR		
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3 ADDITIONAL SERVICES:

Thru date: 4-6-05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000276

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -7 PM 12:41

MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT AT FILER [optional]
DAWN MORARIO 219-942-1175

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

HFS BANK, F.S.B.
555 EAST THIRD STREET
P. O. BOX 487
HOBART, IN 46342-0487

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2000 001898

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME GARD	FIRST NAME CHARLES	MIDDLE NAME R	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
HFS BANK, F.S.B.

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
31-0481138

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -7 PM 1:10

MICHAEL A. BROWN

ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864	FILING OFFICE ADDRESS 2000
BRETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

00277

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME			
OR			
1b INDIVIDUAL'S LAST NAME Peterman	FIRST NAME John	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing</i>

3 ADDITIONAL SERVICES:

Thru date: 4-6-05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)



UCC FINANCING STATEMENT

Stat. Form 50181 (5-01)

Approved by State Board of Accounts, 2001

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -7 PM 2:14

MICHAEL S. BROWN
REC'D

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

2005 000278

A. NAME AND PHONE OF CONTACT AT FILER (optional)
Kenneth A. Manning (219) 865-8376

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Kenneth A. Manning
James, James & Manning, PC
Attorney at Law
200 Monticello Drive
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 (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Corker's Inc						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 9400 Indianapolis Blvd		CITY Highland		STATE IN	POSTAL CODE 46322	COUNTRY USA
	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION Indiana	1g. ORGANIZATIONAL ID #, if any 2005011300193 <input type="checkbox"/> NONE		

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

2a. ORGANIZATION'S NAME Corker's Inc., and/or Ricciardi's Ristorante						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 9111 Broadway, Suite D		CITY Merrillville		STATE IN	POSTAL CODE 46410	COUNTRY USA
	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION d/b/a	2f. JURISDICTION OF ORGANIZATION Indiana	2g. ORGANIZATIONAL ID #, if any 2005011300193 <input 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 Karin, Corp						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 303 Ridge Road		CITY Munster		STATE IN	POSTAL CODE 46321	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All furniture, fixtures, equipment, supplies, inventory, contracts, accounts, intangibles, any insurance policies including property, risk, casualties, and/or life; all proceeds; and all after acquired and/or replacement of goods and collateral.

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

6. This FINANCIAL 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

UCC FINANCING STATEMENT ADDENDUM

State Form 50181 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR 27 PM 2:15

MICHAEL BROWN
REC'D

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

9a. ORGANIZATION'S NAME Corker's Inc			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
		2005	000278

10. MISCELLANEOUS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME Corker's and/or Ricciardi's Ristorante				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 9400 Indianapolis Blvd		CITY Highland	STATE IN	POSTAL CODE 46322
				COUNTRY USA
	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION Corporation	11f. JURISDICTION OF ORGANIZATION Indiana	11g. ORGANIZATIONAL ID #, if any 2005011300193 <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one secured party 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
 as-extracted collateral, or as a fixture filing.

14. Description of real estate:

Legal: W. 200 FT. OF E. 250 FT. OF N.1/2
S.1/2 N.1/2 EX S.135 FT. S.29 T.36 R.9 EX
*N.30 FT..7592 AC

Commonly known as 9400 Indianapolis Blvd
Highland, Indiana 46322.

Real Estate Tax Parcel #:
16-27-0025-0027

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

Dal Santo Kolodziej Partners, LLC
Sand Ridge Bank as Trustee of the Arthur
P.O. Box 598
Scherverville, IN 46375

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



UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

FILED FOR RECORD
LAKE COUNTY

2005 APR -7 PM 2:21

MICHAEL A. BROWN
RECORDER

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000279

A. NAME AND PHONE OF CONTACT AT FILER (optional)
 Rebecca A. Richardson (317) 237-1189

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Rebecca A. Richardson
 Baker & Daniels
 300 North Meridian Street, Suite 2700
 Indianapolis, IN 46204

see attachment

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 95002931 (filed 8/28/95)

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and / or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------------	------------	-------------	--------

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------------	------------	-------------	--------

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION NAME
 U.S. Bank Trust National Association, as Indenture Trustee (formerly known as First Trust National Association)

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
 Ispat/Lake County Recorder

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form)
95002931 (filed 8/28/95)

12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME
U.S. Bank Trust National Association, as Indenture Trustee

2005 000279

OR
12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

The initial financing statement to which this amendment relates covers property that is or is to become fixtures on the real estate described on Exhibit A attached hereto.

The debtor and record owner is Ispat Inland, Inc., 3210 Watling Street, East Chicago, Indiana 46312.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -7 PM 2:21

MICHAEL A. BROWN
Recorder

EXHIBIT A

Description of Site
(Location of Replacement Parts)

A parcel of land located in the Southeast Quarter (SE 1/4) of Section 11, and extending into the Northeast Quarter (NE 1/4) of Section 14, Township 37 North, Range 9 West of the Second Principal Meridian, more particularly described as follows:

Commencing at Point "G" which is a "T" Rail Monument at the intersection of the Southwesterly Right-of-Way line of Aldis Avenue extended and the Northwesterly Right-of-Way line of Michigan Avenue, now vacated, in the original Town of Indiana Harbor as shown on Plat Book 5, page 9, in the Recorder's Office of Lake County, Indiana; thence North 52 degrees 27 minutes 44 seconds East, 6979.95 feet to the point of beginning:

- (1) thence North 46 degrees 45 minutes 00 seconds West, 2.50 feet to a point;
- (2) thence North 43 degrees 15 minutes 00 seconds East, 268.00 feet to a point;
- (3) thence South 46 degrees 45 minutes 00 seconds East, 124.00 feet to a point;
- (4) thence North 43 degrees 15 minutes 00 seconds East, 197.00 feet to a point;
- (5) thence North 46 degrees 45 minutes 00 seconds West, 7.00 feet to a point;
- (6) thence North 43 degrees 15 minutes 00 seconds East, 32.00 feet to a point;
- (7) thence North 46 degrees 45 minutes 00 seconds West, 57.50 feet to a point;
- (8) thence North 43 degrees 15 minutes 00 seconds East, 137.00 feet to a point;
- (9) thence South 46 degrees 45 minutes 00 seconds East, 52.00 feet to a point;
- (10) thence North 43 degrees 15 minutes 00 seconds East, 30.00 feet to a point;
- (11) thence South 46 degrees 45 minutes 00 seconds East, 7.00 feet to a point;
- (12) thence North 43 degrees 15 minutes 00 seconds East, 121.00 feet to a point;

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 000279
2005 APR -7 PM 2:21

- (13) thence South 46 degrees 45 minutes 00 seconds East, 9.50 feet to a point;
- (14) thence North 43 degrees 15 minutes 00 seconds East, 212.00 feet to a point;
- (15) thence South 46 degrees 45 minutes 00 seconds East, 133.00 feet to a point;
- (16) thence South 43 degrees 15 minutes 00 seconds West, 877.00 feet to a point;
- (17) thence North 46 degrees 45 minutes 00 seconds West, 130.50 feet to a point;
- (18) thence South 43 degrees 15 minutes 00 seconds West, 120.00 feet to a point;
- (19) thence North 46 degrees 45 minutes 00 seconds West, 128.00 feet to the point of beginning, containing 3.751 acres more or less.

2005 000279

2005 APR -7 PM 2:21

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

JOHN W. TOWN



UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000280

2005 APR 27 PM 2:22
2005 000280
FILED
REC'D
INDEXED
DOWN

A. NAME AND PHONE OF CONTACT AT FILER (optional)
 Rebecca A. Richardson (317) 237-1189

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Rebecca A. Richardson
 Baker & Daniels
 300 North Meridian Street, Suite 2700
 Indianapolis, IN 46204

see attachment

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 95003184 (filed 9/15/95)

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and / or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION NAME
 U.S. Bank Trust National Association, as Indenture Trustee (formerly known as First Trust National Association)

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
 Ispat/Lake County Recorder

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -7 PM 2:22

MICHAEL A. BROWN
CLERK

2005 000280

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form)
95003184 (filed 9/15/95)

12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME
U.S. Bank Trust National Association, as Indenture Trustee

OR
12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

The initial financing statement to which this amendment relates covers property that is or is to become fixtures on the real estate described on Exhibit A attached hereto.

The debtor and record owner is Ispat Inland, Inc., 3210 Watling Street, East Chicago, Indiana 46312.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

EXHIBIT A

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DESCRIPTION OF SITE 2005-000280

2005 APR -7 PM 2:22

MORRIS A. BROWN

parcel of land located in the Southeast Quarter (SE $\frac{1}{4}$) of Section 11, and extending into the Northeast Quarter (NE $\frac{1}{4}$) of Section 14, Township 37 North, Range 9 West of the Second Principal Meridian, more particularly described as follows:

Commencing at Point "G" which is a "T" Rail Monument at the intersection of the Southwesterly Right-of-Way line of Aldis Avenue extended and the Northwesterly Right-of-way line of Michigan Avenue, now vacated, in the original Town of Indiana Harbor as shown in Plat Book 5, page 9, in the Recorder's Office of Lake County, Indiana; thence North $52^{\circ}27'44''$ East, 6979.95 feet to the point of beginning:

- (1) thence North $46^{\circ}45'00''$ West, 2.50 feet to a point;
- (2) thence North $43^{\circ}15'00''$ East, 268.00 feet to a point;
- (3) thence South $46^{\circ}45'00''$ East, 124.00 feet to a point;
- (4) thence North $43^{\circ}15'00''$ East, 197.00 feet to a point;
- (5) thence North $46^{\circ}45'00''$ West, 7.00 feet to a point;
- (6) thence North $43^{\circ}15'00''$ East, 32.00 feet to a point;
- (7) thence North $46^{\circ}45'00''$ West, 57.50 feet to a point;
- (8) thence North $43^{\circ}15'00''$ East, 137.00 feet to a point;
- (9) thence South $46^{\circ}45'00''$ East, 52.00 feet to a point;
- (10) thence North $43^{\circ}15'00''$ East, 30.00 feet to a point;
- (11) thence South $46^{\circ}45'00''$ East, 7.00 feet to a point;

- (12) thence North 43°15'00" East, 121.00 feet to a point;
- (13) thence South 46°45'00" East, 9.50 feet to a point;
- (14) thence North 43°15'00" East, 212.00 feet to a point;
- (15) thence South 46°45'00" East, 133.00 feet to a point;
- (16) thence South 43°15'00" West, 877.00 feet to a point;
- (17) thence North 46°45'00" West, 130.50 feet to a point;
- (18) thence South 43°15'00" West, 120.00 feet to a point;
- (19) thence North 46°45'00" West, 128.00 feet to the point of beginning, containing 3.751 acres more or less.

2005 000280

STATE OF IOWA
LAW OFFICE
FILED FOR RECORDING
2005 APR -7 PM 2:22
MICHAEL J. PROWSE
REGISTERED



STATE OF INDIANA
 STATE CLERK'S OFFICE
 CLERK OF SUPERIOR COURT
 FILED FOR RECORD
 2005 APR - 8 AM 8:54
 2005 APR - 8 AM 8:54
 MICHAEL J. BROWN
 MICHAEL J. BROWN
 CLERK

2005 000281

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional) Chris Fox (219/662-6107)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Chris Fox (f:te 620052093) Chicago Title Insurance Company 2200 N Main Street Crown Point, Indiana 46307</p> </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
Deible Sheet Metal Inc.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

Chris 4/7/05

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a. Pick Up
 4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000282

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -8 11:22

A NAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864	FILING OFFICE ACCT #
B RETURN TO: (Name and Address) <div style="text-align: center;"> <p>The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373</p> </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME Howell Tractor & Equipment Company				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3 ADDITIONAL SERVICES:

Thru date: 4/7/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)



UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR -8 PM 2:32

CHRISTOPHER BROWN
Recorder

FOLLOW INSTRUCTIONS (*front and back*) CAREFULLY

2005 000283

A. NAME AND PHONE OF CONTACT AT FILER (optional) KRISTIN BUSCH 219-764-2700
B. SEND ACKNOWLEDGMENT TO: (Name and Address) RDC 5997 Carlson Ave. Ste. B Portage, IN 46368

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 2000 000786	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <input checked="" type="checkbox"/>
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and / or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME The Smile Center Family Dentistry, P.C.				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME				
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION NAME REGIONAL DEVELOPMENT COMPANY/US SBA				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA



UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

FILED FOR RECORD

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000284

2005 APR - 8 PM 2: 3

A. NAME AND PHONE OF CONTACT AT FILER (optional)
KRISTIN BUSCH 219-764-2700

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

RDC
5997 Carlson Ave. Ste. B
Portage, IN 46368

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2000 000787

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and / or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME
The Smile Center Family Dentistry, P.C.

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION NAME
REGIONAL DEVELOPMENT COMPANY/US SBA

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000285

LAKE COUNTY
FILED FOR RECORD
2005 APR 11 AM 10:48
MCM FOR TOWN

ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 or Karen 365-4864	FILING OFFICE AGENCY
BORETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME INLAND REAL ESTATE CORPORATION				
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3 ADDITIONAL SERVICES:

Thru date: 4/8/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other
 Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD
2005 APR 11 AM 10:48
MICHAEL BROWN

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

ADNAME & PHONE OF CONTACT (optional) Amy 365-4082 OR Karen 365-4864	FILING OFFICE ACCT# 2005 000286
RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive St. John, IN 46373	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME GENERAL AMERICAN TRANSPORTATION	OR		
1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
 Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
 Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

Address: **4245 Railroad Ave
E. Chicago**

*(name of company
might be abbrev.
as GATX)*

Thru date: **4/08/05**

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
 4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR 11 AM 11:11

MICHAEL S. CROWN
RECORDER

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

APPLICANT NAME & PHONE OR CONTACT (optional) *Chris Hayden 756-6665* FILING OFFICE ACCOUNT # *2005 000287*

RETURN TO: (Name and Address)
*Guarantee Title & Trust Company
7895 Broadway
Merrillville, IN 46410*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME
Bill's Diner

OR

1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

Done 4/8/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up
4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR 11 AM 11:12

MIDLAND TOWN

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

NAME & PHONE OF CONTACT (optional) Chris Hayden 756-6665	FILING OFFICE ACCT # 010288
RETURN TO: (Name and Address) Guarantee Title & Trust Company 7895 Broadway Suite A Merrillville, IN 46410	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME Bill's Diner, LLC			
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE	<input type="checkbox"/> CERTIFIED (Optional)
Select one of the following two options: <input checked="" type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed) <input type="checkbox"/> UNLAPSED	
2b COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select one of the following two options: <input checked="" type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED	
2c SPECIFIED COPIES ONLY	<input type="checkbox"/> CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

Done 4/8/05

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a	<input type="checkbox"/> Pick Up
4b	<input type="checkbox"/> Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 APR 11 AM 11:12

MICHAEL A. BROWN

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005-000289

AD NAME & PHONE OF CONTACT (optional) **Chris Hayden 756-6666** FILING OFFICE ACCT #
RETURN TO: (Name and Address)
**Guarantee Title & Trust Company
7895 Broadway, Suite A
Merrillville, IN 46410**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME

OR

1b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Brookbank

William

2 INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a SEARCH RESPONSE CERTIFIED (Optional)

Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed) UNLAPSED

2b COPY REQUEST CERTIFIED (Optional)

Select one of the following two options: ALL UNLAPSED

2c SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (If required)	Type of Record and Additional Identifying Information (if required)
		<i>Nothing on file</i>

3 ADDITIONAL SERVICES:

4 DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a Pick Up

4b Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

Shuey 4/8/05