					r ing a sin	
Ξ					LAKE CO FILED FOR	Life.
		-000-	0.0		FILEDFUK	niluh.
FOL	CC FINANCING STATEMENT AMENDMENT	120 05	000269		2005 APR -6	PM 1:06
	NAME & PHONE OF CONTACT AT FILER [optional] AWN MORARIO 219-942-1175				Mini -	N DOMESTIC
_	SEND ACKNOWLEDGMENT TO: (Name and Address)				Michael A s Teach	HOWN
	[-				- 1
	HFS BANK, F.S.B. 555 EAST THIRD STREET	1				
l	P. O. BOX 487					
l	HOBART, IN 46342-0487					
	,					
			THE ABOVE SPA		R FILING OFFICE USE O	
1a.	INITIAL FINANCING STATEMENT FILE # 2000 002006			to b	FINANCING STATEMENT A e filed (for record) (or record	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with re	spect to security interest(s) of th		L ESTATE RECORDS.	nation Statement.
3.						
[XI continued for the additional period provided by applicable law.					
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee	in item 7c; and also give name o	f assignor i	n item 9.	
		- ∟	Party of record. Check only one	of these tv	vo boxes.	
ſ	Also check <u>one of the following three boxes and provide appropriate information in</u> CHANGE name and/or address: Give current record name in item 6a or 6b; also	give new	ELETE name: Give record name	m ADI) name: Complete item 7a o	or 7b, and also
6 (name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:	in item 7c. to	be deleted in item 6a or 6b.	item	n 7c; also complete items 7	d-7g (if applicable).
0. (6a. ORGANIZATION'S NAME					
OR			_	_		
OK	66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	WELDON	RANDY		W		
7. (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
OR	7ь. INDIVIDUAL'S LAST NAME	FIRST NAME	_	MIDDLE	NAME	SUFFIX
			_	OTATE	Incorn cons	COUNTRY
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION	7f. JURISDICTION	N OF ORGANIZATION	7g. ORG/	ANIZATIONAL ID #, if any	
	ORGANIZATION L DEBTOR					XNONE
8. /	AMENDMENT (COLLATERAL CHANGE): check only one box.					(A)
	Describe collateral deleted or added, or give entire restated collatera	al description, or de	scribe collateral assigned.			
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN dds collateral or adds the authorizing Debtor, or if this is a Termination authorized be					by a Debtor which
a	9a. ORGANIZATION'S NAME	by a Debtor, crieck	and enter harrie or bee	or addir	orizing this Americanient.	
	HFS BANK, F.S.B.					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	AME	SUFFIX
	OPTIONAL FILER REFERENCE DATA					,
2	1-1103605					

				2 17.1% 1.0	1,110
				ETALLUT	HWT Y
				FILED FOR	PECURE
	O SINANGING OTATEMENT AMENDMENT	-			
FOL	CC FINANCING STATEMENT AMENDMEN			2005 APT - 6	PK 1: (0
	NAME & PHONE OF CONTACT AT FILER [optional] IAWN MORARIO 219-942-1175	2005 000210			H MONTH
	SEND ACKNOWLEDGMENT TO: (Name and Address)			MICH	FINCHAIN
J.	SEND ACKNOWLEDGINENT TO: (Name and Address)	<u> </u>		ALCZ)	1,17
ı	HFS BANK, F.S.B.	i i			
ı	555 EAST THIRD STREET				
ı	P. O. BOX 487	·			
ı	HOBART, IN 46342-0487				
ı	•				
ı	1				
ı		THE ABOVE SPA	CE IS E	OR FILING OFFICE USE O	NLY
1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE STA		is FINANCING STATEMENT	
	2000 000769			be filed [for record] (or record AL ESTATE RECORDS.	ded) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of th			nation Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above	with respect to security interest(s) of the Secured F	arty auth	orizing this Continuation State	ement is
l	All 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 o	f assigno	in item 9.	
5.	AMENDMENT (PARTY INFORMATION): This Amendment affects Debt	or or Secured Party of record. Check only one	of these	two boxes.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in	items 6 and/or 7.			
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	p give new DELETE name: Give record name to be deleted in item 6a or 6b.	Al ite	DD name: Complete item 7a om 7c; also complete items 7	or 7b, and also d-7g (if applicable).
6. (CURRENT RECORD INFORMATION:				
	6a. ORGANIZATION'S NAME				
0.0					
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	MARRS	JOHN			JR
7. (CHANGED (NEW) OR ADDED INFORMATION:				
	7a. ORGANIZATION'S NAME				
OR			_		
011	7Ь. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	GANIZATIONAL ID #, if any	
	DEBTOR				X NONE
	AMENDMENT (COLLATERAL CHANGE): check only one box.				
[Describe collateral deleted or added, or give entire restated collater.	al description, or describe collateral assigned.			
9. 1	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT (name of assignor, if this is an Assignmen	t). If this	is an Amendment authorized	by a Debtor which
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by				
	9a. ORGANIZATION'S NAME				
OD	HFS BANK, F.S.B.				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10	OPTIONAL EILER REEERENCE DATA				

28-1096106

			LAKE COUR LAKE COUR FILED FOR REC	
			FILED FOR REC)City
	CC FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY	т 005-9 00271	2005 APR - 6 PM	1:10
D.	NAME & PHONE OF CONTACT AT FILER [optional] AWN MORARIO 219-942-1175 SEND ACKNOWLEDGMENT TO: (Name and Address)		MICHYEL - LP	OWN
	HFS BANK, F.S.B. 555 EAST THIRD STREET P. O. BOX 487 HOBART, IN 46342-0487		H	
			ACE IS FOR FILING OFFICE USE O	ONLY
1a.	INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT	AMENDMENT is
	2000 000768		to be filed [for record] (or record REAL ESTATE RECORDS.	Jed) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above in	is terminated with respect to security interest(s) of	the Secured Party authorizing this Termi	nation Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	Party authorizing this Continuation Stat	ement is
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.	
		tor or Secured Party of record. Check only or		
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in		_	
	CHANGE name and/or address; Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also d-7g (if applicable).
6. C	CURRENT RECORD INFORMATION:			
	6a. ORGANIZATION'S NAME			
OR	6b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	MARRS	JOHN	WIIDDEL WANE	JR
7.0	**************************************	301114		
	CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]			
OR	7ь. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. N	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7	TAVID #. CON OR FINE LARDY INFO RE TO TYPE OF ORGANIZATION	74 III DISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
/a. i	TAX ID #: SSN OR EIN ADD'L INFO RE 7-9. TYPE OF ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, II any	XNONE
	AMENDMENT (COLLATERAL CHANGE); check only one box.			
D	Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigned.		
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignme	ent). If this is an Amendment authorized	by a Debtor which
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized			, /= *****************************
	9a. ORGANIZATION'S NAME	——————————————————————————————————————		
OR L	HFS BANK, F.S.B.			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	·			
	optional filer reference data 3-1096106			

				South Commenced in the	indus e
INFORMATION REQUEST				ÉARÉ CO FILED FOR	JATA Jenak
FOLLOW INSTRUCTIONS (front and back)				FILEUFUK	LUVIII
ADNAME & PHONE OF CONTACT (optional) Caroline DeVries 219-98	7-4141 226 FIL	20 OF OPENCETY	00272	2005 APR - 6	PM 1:23
BORETURN TO: (Name and Address)	12	_		AMPLIATI 8 (D/MAIL:
				MICHAT: 4 1 REQUES	~13 ~13
DeMotte State Bank Caroline DeVries					
P.O. Box 400					
DeMotte, IN 46310			[
1DDEBTOR NAME to be searched - insert o	only one debtor name (1a	or 1b) - do not abbrevi		E SPACE IS FOR FILING OFFI	CE USE ONLY
1a CORGANIZATION'S NAME					
OR 16CINDIVIDUAL'S LAST NAME		FIRST NAM	nE	MIDDLE NAME	SUFFIX
KRITLOW			RON		
2 DNFORMATION OPTIONS relating to U	JCC fillings and other IED (Optional)	notices on file in the	offling office that include a	s a Debtor name the name ident	ifled in item 1:
Select one of the following two option		this box to request	a response that is complete	e, including filings that have laps	sed0) UNLAPSE
	IED (Optional)	·			<u> </u>
Select one of the following two option	s: ALL	X UNLAPSED)		
2cd SPECIFIED COPIES ONLY	CERTIFIED (Option	nal)			
Record Number	Date Recor	d Filed (if required)	Type of Record and A	dditional Identifying Informat	ion (if required)
	;		1	7	
			Nothing o	n dela	
			17010000	//	
			V	U	
				·	
DADDITIONAL SERVICES:		•			
	,				
	į				
	•				
	1				
	ĺ				
	-				
	:			Λ	
				2	-26
	<u> </u>			July 4-3-	-03
DELIVERY INSTRUCTIONS (request will be 4at Pick Up	completed and mailed	to the address shown i	n Item 8 unless otherwise instr	ucted here):	
4b(Other					
Consider desired and beautiful assets	able from this office): prosi	de delivery information (el	Mdelivery service's name address	see's account # with delivery service, ac	ddressee's phone #, etc@

			STAT LAKE CO	HHIV
CORMATION DEGLICET			FILEDFOR	RECORL
FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CA NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT#	0273	2005 APR - 6	PM 1:38
Kathryn I. Walker (219) RETURN TO: (Name and Address)	<u>881-48</u> φ8		VIICE ALL A RECAR	
City of Gary Economi 839 Broadway, 2nd Fl Gary, IN 46402				
<u> </u>		THE ABOVE SPA	ACE IS FOR FILING OFFIC	E USE ONLY_
DEBTOR NAME to be searched - insert only 1a. ORGANIZATION'S NAME	y <u>one</u> debtor name (1a or 1b) - do not abbreviate or	combine names		
Garza Maintenance &	Construction LLC FIRST NAME		MIDDLE NAME	SUFFIX
	CC filings and other notices on file in the filing			
Select one of the following two options:	D (Optional) X ALL UNLAPSED	onse that is complete, inclu	ging filings that have lapse	d.) UNLAPS
c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)			
Record Number	Date Record Filed (if required) Ty	pe of Record and Addition	nal Identifying Informatio	n (if required)
-	· ·	-		
		-		
ADDITIONAL SERVICES:				
			/ /	
		Authority.	4/5/05	-
_	completed and mailed to the address shown in item	B unless otherwise instructed I	here):	
4a. Pick Up 4b. Other	•			
	ele from this office); provide delivery information (e.g., deli	neny sensine's name addressee's s	account # with delivery service, add	Irecsee's nhone # etc.)

ORMATION REQUES	et e				FI	MED FOR REL	Č0k∙
OW INSTRUCTIONS (front and i		LLY					
AME & PHONE OF CONTACT [option	-	FILING OF	nnn2	14	2005	APR -6 PM	1.50
ETURN TO: (Name and Address)	ZOI IXIC	2003	UUVE		M	CHALL A DU	MWC
H3P Sale	25 3 6	Bervice	e,Inc		14.0	CHACL A DIT RECORD D	R.
399 E U	5 30						
Valparai	150. I	N 463	83				
	,	,	-	THE	ABOVE SPAC	E IS FOR FILING OF	FICE USE ONLY
EBTOR NAME to be searched -	insert only <u>one</u> de	otor name (1a or 1b) -	do not abbrevia				
Keithley	Fac	ms I	Inc				:
160NDIVIDUAL'S LAST NAME	,		FIRST NAME			MIDDLE NAME	SUFFIX
FORMATION OPTIONS relati	ing to UCC filing	gs and other notices	s on file in the	filing office that incl	ude as a Debt	or name the name ide	entified in item 1:
	ERTIFIED (Opti	•					TIMIADS
Select one of the following two	ERTIFIED (Opti		ox to request a	response that is coi	mplete, includ	ing filings that have la	apsed0 UNLAPS
in the second se	<u>`</u>		UNLAPSED				
Select one of the following two	options:		UNLAPSED				
Select one of the following two	options:	ALL X					
Select one of the following two	options:	ALL 🛛		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record a	and Addition:	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)
Select one of the following two	options:	ALL X		Type of Record	and Addition	al Identifying Inform	nation (if required)

	•			
			· 1.	
		5 6 6	CEUNT.	
		FILE	O TER RECOM	
NFORMATION REQUEST				
OLLOW INSTRUCTIONS (front and back) CAREF	ULLY	2005 A	27 -7 AM 8:57	
ADNAME & PHONE OF CONTACT (optional) Amy 365-4092 or Karen 36: BORETURN TO: (Name and Address)	5- AROH D 5	1 U	1.0	
BURETURN TO: (Name and Address)		MICH	Swort A Prowing	
. [-	¬	5	
The Deve of Ch		1	\Box	
The Paper Ch Northwest I ndia			<u> </u>	
9505 Genevlev		· ·	\bigcirc	
St. John, IN 4	6373		<u> </u>	
<u></u>	_	THE AROVE SPACE	IS FOR FILING OFFICE USE	ONLY
DDEBTOR NAME to be searched - insert only one	lebtor name (1a or 1b) - do not abbreviat	e or combine names	TIS FOR TIEMS OF FISE USE	OITE T
1=CORGANIZATION'S NAME	1 FOOD	ς,		
OR THEINDIVIDUAL'S LAST NAME	(FIRST NAME		VIDOLE NAME	SUFFIX
		(- 2	
INFORMATION OPTIONS relating to UCC filts	ngs and other notices on file in the t	filing office that include as a Debto	r name the name identified in its	em 1:1
2ªDSEARCHRESPONSE CERTIFIED (Op	-			
Select one of the following two options: 2b0COPY REQUEST CERTIFIED (Options)	ALL (Check this box to request a	response that is complete, includir	ng filings that have lapsed()	UNLAPSEL
	ALL UNLAPSED		-1	215.2
	TIFIED (Optional)		23	전다:
D				45
Record Number	Date Record Filed (if required)	Type of Record and Additional	Identifying Information (if red	(beniup
UADDITIONAL SERVICES:				
	•			
•				
			•	
	•	Thru date:	4-6-05	-
		inru aate:	1 7 3	
ODELIVERY INSTRUCTIONS (request will be completed)	ted and mailed to the address shown in	item 8 unless otherwise instructed here):	
4eCX Pick Up	•			
4bE Other				
Specify desired method being (if available from	the office); provide delivery information (+ii):	Jowevery service's marine, addressee's acco	unt # with delivery service, addressee's	phone W, etc()





UCC FINANCING STATEMENT AMENDMENT 5 000276 2005 APR - 7 PM 12: 41 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] MICHAEL A FROWN HEUGESTE 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 # This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 2000 001898 REAL ESTATE RECORDS TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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 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 7a DELETE name: Give record name 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 FIRST NAME MIDDLE NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME CHARLES R GARD 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR X 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 I and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME HFS BANK, F.S.B. 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA

31-0481138

				TAT SI LAKE C	Villa.
				FILE C	RECOM
FORMATION REQUEST LLOW INSTRUCTIONS (front and back) CAI	DEELH I V			I have been to	D11 1 1 0
DNAME & PHONE OF CONTACT (optional)	FILING OF	POE ACC'T	00277	2005 AF -7	PH 1: [1]
Amy 365-4082 or Karen:	365.4864			varyzo cezen iA	MAKOGE
RETURN TO: (Name and Address)		-	_	MICLEL A	17.1.1.4.1.4
1			9		
The Paper	Chase of				
Northwest In 9505 Genev	diana, Inc.				
St. John, It					
		_			O V
DEBTOR NAME to be searched - insert only	one debtor name (1a or 1b) -	do not abbreviat		SPACE IS FOR FILING OFFIC	E USE ONLY
1aCORGANIZATION'S NAME					
THEOLOGICAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
Peterm	Ω		John		
NFORMATION OPTIONS relating to UC		s on file in the	iling office that include as	a Debtor name the name identifi	ed in item 1:
28 DSEARCH RESPONSE CERTIFIED					_
Select one of the following two options:	ALL (Check this bo	x to request a	response that is complete,	including filings that have lapse	dŋ 🗌 UNLAPSI
2b0 COPY REQUEST CERTIFIED					
Select one of the following two options:		UNLAPSED			
2cDSPECIFIED COPIES ONLY	CERTIFIED (Optional)				
Record Number	Date Record Filed	d (if required)	Type of Record and Ad	ditional Identifying Informatio	n (if required)
			1.71		
			Nothing		
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:					
ADDITIONAL SERVICES:			Thru do	ite: 4-6-09	
DELIVERY INSTRUCTIONS (request will be co					

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

LAKE COUNT! FILED FOR RECORD

2005 AP : - 7 PH 2: 11

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.	
2005	000278

A. NAME AND PHONE OF CONTACT AT FIL	ER (optional)	0.0.0	1		and the second	SOMMA
Kenneth A. Manning (219) 86	65-8376				MICHAEL S	SEPTATE A
B. SEND ACKNOWLEDGMENT TO: (Name a					132 (1-1	7
l –		\neg				
Kenneth A. Manning						
James, James & Manning,	PC					
Attorney at Law						
200 Monticello Drive						
Dyer, IN 46311						
see attackment			THE ABOVE SEA	CE 18 E	OR FILING OFFICE US	SE ONLY
1 DERTOR'S EVACT FULL LEGAL NAME :		and all boundaries		CE 13 FC	OR FILING OFFICE US	DE UNLT
DEBTOR'S EXACT FULL LEGAL NAME - In 1a. ORGANIZATION'S NAME	sert only one debtor (1a or 1b) - do	not appreviate or	combine names			
Corker's Inc						
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
ID, INDIVIDUAL S LAST NAME		FIRST NAME		WIIDOLL	NAME	SUFFIX
1c. MAILING ADDRESS		CITY		CTATE	POSTAL CODE	COUNTRY
				STATE		1
9400 Indianapolis Blvd ADD'L INFO RE 1	- TVDE OF ODOANIZATION	Highla		IN	46322	USA
ORGANIZATION	e. TYPE OF ORGANIZATION Corporation	Indian	TION OF ORGANIZATION	1 -	GANIZATIONAL ID #, if an 005011300193	
DEBTOR	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			□ NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEG	GAL NAME - Insert only one debto	or (2a or 2b) - do n	ot abbreviate or combine names			
2a. ORGANIZATION'S NAME Corker's Inc., and/or Ricci	ardi'a Distoranta					
OR — — — — — — — — — — — — — — — — — — —	aidis Kistorante			Lunnin		
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	: NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
9111 Broadway, Suite D		Merrillvi	lle	IN	46410	USA
ADD'L INFO RE 2 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION d/b/a	2f. JURISDICT Indiana	ION OF ORGANIZATION	1 -	SANIZATIONAL ID #, if an 05011300193	y NONE
3. SECURED PARTY'S NAME (or NAME of TO		P S/P) - insert or	nly one secured party same (2a or			- NONE
3a. ORGANIZATION'S NAME	TAL ASSIGNEL OF ASSIGNO	IC S/F) - ItiselCol	ny one secured party name (sa or	30)		
Karin, Corp						
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
ob. Marindone o Blot Willie		100110301				001111
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
303 Ridge Road		Munster		IN.	46321	USA
4. This FINANCING STATEMENT covers the fo	llowing collatoral:			1		
4. This Physical Covers the R	niowing collateral.					
All furniture, fixtures, equipm	ent, supplies, invento	rv. contract	s, accounts, intangib	les, any	insurance policie	s
including property, risk, casu						
collateral.	,,	,			9-	
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CC	NSIGNEE / CON	SIGNOR BAILEE / BAILOR	SELLER /	BUYER AG. LIEN 1	NON-UCC FILING
6. This FINANCIAL STATEMENT is to be file		REAL 7. Ch	eck to REQUEST SEARCH F			
ESTATE RECORDS. Attach Addendum (if a		(A	ODITIONAL FEE) (optional)	Ail	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.

9.	9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT					
	9a. ORGANIZATION'S NAME					
0.0	Corker's Inc					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	2005 1000 1000	1 8		
10.	MISCELLANEOUS					

STAI LAKE COURT FILED FOR RECORD

	THE ABOVE	SPACE IS	FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one deb				
11a. ORGANIZATION'S NAME				
Corker's and/or Ricciardi's Ristorante				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
9400 Indianapolis Blvd	Highland	IN	46322	USA
ADD'L INFO RE ORGANIZATION DEBTOR Corporation	11f. JURISDICTION OF ORGANIZATION Indiana	"		any NONE
12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - i	nsert 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 FT7592 AC Commonly known as 9400 Indianapolis Blvd Highland, Indiana 46322. Real Estate Tax Parcel #: 16-27-0025-0027	16. Additional collateral description:			
 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): Dal Santo Kolodiziej Partners, LLC Sand Ridge Bank as Trustee of the Arthur P.O. Box 598 Schererville, IN 46375 	17. Check only if applicable and check only of Debtor is a ☐ Trust or ☐ Trustee acting with r 18. Check only if applicable and check only ☐ Debtor is a TRANSMITTING UTILITY ☐ Filed in connection with a Manufactured ☐ Filed in connection with a Public-Finance	espect to proper	ansaction - effective 30 y	

UCC FINANCING STATEMENT AMENDMENT State Form 50182 (5-01) Al proved by State Board of Accounts, 2001



FOLLOW INSTRUCTIONS (front and back) CAREFULLY		2005 AF -7 P	4 2: 2
	05 0 002 7 9	Luko re	
		1 F7	OFWAN
Rebecca A. Richardson (317) 237-11	89		CANGA
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		MiChael A Fi Heliana	¥3 =
	_		
Rebecca A. Richardson	1		
Baker & Daniels			
300 North Meridian Street, Suite 2700			
Indianapolis, IN 46204			
1111			
see attachment			
	THE ABOVE SP	ACE IS FOR FILING OFFICE L	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed (for record) (or r	
95002931 (filed 8/28/95)		REAL ESTATE RECORDS	recorded) in the
2 TERMINATION: Effectiveness of the Financing Statement identified above is ter	rminated with respect to security interest(s) of the Se	ecured Party authorizing this Termination	Statement.
3. X CONTINUATION: Effectiveness of the Financing Statement identified above wit continued for the additional period provided by applicable law.	th respect to security interest(s) of the Secured Party	y authorizing this Continuation Statement	is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and addr	ess of assignee in item 7c; and also give name of as	ssignor 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	s 6 and / or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in		ame ADD name: Complete item item 7c; also complete items	
6. CURRENT RECORD INFORMATION:	to be deleted in item of or oo.	ttem 70, also complete items	s ra-ra (ii applicable)
6a. ORGANIZATION NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION NAME			
1.5.4			
OR 75, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	anv
ORGANIZATION DEBTOR		", ", ", ", ", ", ", ", ", ", ", ", ",	□ NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire restated collateral des	cription, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	OMENT (name of assignor, if this is an Assignmen	It If this is an Amendment authorized by	a Deblor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by			a Deptor Writch
9a. ORGANIZATION NAME			
U.S. Bank Trust National Association, as Inden	nture Trustee (formerly known a	e First Trust National Acc	sociation)
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
SU, MOIVIDONE O ENOT IVAINE	L HOOT INCHIE	MIDDLE IVAIVIE	SUFFIX

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.

described on Exhibit A attached hereto.

	, ·	•		
11	INITIAL FINANCING STATE FILE NUMB	ER (same as item 1a on	Amendment form)	
	95002931 (filed 8/28/95)			
12	NAME OF PARTY AUTHORIZING AMEN	NDMENT (same as item s	on Amendmen on)	000279
	12a. ORGANIZATION'S NAME		2000	
OR	U.S. Bank Trust Nationa	Association, as	ndenture Trustee	
UK	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13	Use this space for additional information			
	The initial financing statemen covers property that is or is to			

STALL OF MERRY LAKE COUNTY FILEU FOR RECORD 2005 APP - 7 PM 2: 21

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

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:

- (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;

20115 AP -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.

FILED FOR REC



FOLLOW INSTRUCTIONS (front and back Carefully 00280

A. NAME AND PHONE OF CONTACT AT FILER (optional) (317) 237-1189 Rebecca A. Richardson B. SEND ACKNOWLEDGMENT TO: (Name and Address) Rebecca A. Richardson Baker & Daniels 300 North Meridian Street, Suite 2700 Indianapolis, IN 46204 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT IS to be filed (for record) (or recorded)
REAL ESTATE RECORDS 95003184 (filed 9/15/95) 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination State 3. X 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. DELETE name: Give record name CHANGE name and/or address: Give current record name in item 6a or 6b; also give new ADD name: Complete item 7a or 7b, and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION NAME MIDDLE NAME FIRST NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION NAME OR MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX STATE POSTAL CODE 7c. MAILING ADDRESS CITY COUNTRY 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE ORGANIZATION ■ NONE DEBTOR 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) MIDDLE NAME FIRST NAME SUFFIX 9b. INDIVIDUAL'S LAST NAME

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 NUMB	ER (same as item 1a 🗿 🖍 endime	nt form) 📗 🔰 🗸 💍
	95003184 (filed 9/15/95)	2000	4 989
12.	NAME OF PARTY AUTHORIZING AMEN	NDMENT (same as item 9 on Amen	dment form)
OR	12a. ORGANIZATION'S NAME U.S. Bank Trust Nationa	l Association, as Indentu	re Trustee
OK	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 THE AVE LAKE COURTY FILED FOR LECORD

DESCRIPTION 2005TEO 00280

2005 ACC - 7 PH 2: 22

arcel of land located in the Southeast Quarter (SE $\frac{1}{2}$) of tion 11, and extending into the Northeast Quarter (NE $\frac{1}{2}$) Section 14, Township 37 North, Range 9 West of the Second scipal 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°27'44" East, 6979.95 feet to the point of beginning:

- (1) thence North 46°45'00" West, 2.50 feet to a point;
- (2) thence North 43°15'00" Tast, 268.00 feet to a point;
- (3). Thence South 46°45'00" East, 124.00 feet to a point;
- (4) thence North 43°15'00" East, 197.00 feet to a point;
- (5) thence North 46°45'00" West, 7.00 feet to a point;
- (6) thence North 43°15'00" East, 32.00 feet to a point;
- (7) thence North 46°45'00" West, 57.50 feet to a point;
- (8) thence North 43°15'00" East, 137.00 feet to a point;
- (9) thence South 46°45'00" East, 52.00 feet to a point;
- (10) thence North 43°15'00" East, 30.00 feet to a point;
- (11) thence South 46°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.

INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	**ULLY	2	005	000 28	1 7	nns AF 2005	AME: 60 T 200 FOR - SU R : ECURE APP - 8 A 1 8 3 A# 8: 51
A. NAME & PHONE OF CONTACT [optional] Chris Fox (219/662-6107) B. RETURN TO: (Name and Address) Chris Fox (file 62005204 Chicago Title Insurance Compa 2200 N. Main Street Crown Point, Indiana 46307		CE ACCT #		THE ABOVE SPAC			E ONLY
DEBTOR NAME to be searched - insert only one 1a, ORGANIZATION'S NAME	debtor name (1a or 1b) - d	o not abbreviate	or combine				
Deible Sheet Metal Inc. 1b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE NAME		SUFFIX
Record Number	TIFIED (Optional) Date Record Filed (if required)	Type of Re	ecord and Additiona	ıl Identifying	Information (if	required)
3. ADDITIONAL SERVICES:							
						n 4/ /	/
DELIVERY INSTRUCTIONS (request will be comple 4a. Pick Up	sted and mailed to the addi	ress shown in it	em B unless	otherwise instructed her	a):	my 7/	05

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) CAREF ADNAME & PHONE OF CONTACT [optional] Any 365-4082 or Karen 36 BORETURN TO: (Name and Address) The Paper Ch Northwest India 9505 Geneview St. John, IN 4	nase of ana, Inc.	005 (0028	2	STA LAKE OF FILED FC	1911: 22
			THE	BOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
1DDEBTOR NAME to be searched - insert only one	debtor name (1a or 1b) - do n	ot abbreviate or	combine names			
Δ.	e Equipment	t Com	pany	ĺ	MIDDLE NAME	SUFFIX
2bDCOPY REQUEST CERTIFIED (O Select one of the following two options:	ptional) ALL (Check this box to ptional)					
Record Number	Date Record Filed (if	required) T	pe of Record a	nd Additional	I Identifying Information	n (if required)
	(1)					
				-		
						<u>, </u>
3UADDITIONAL SERVICES:						
40DELIVERY INSTRUCTIONS (request will be complete)	eted and mailed to the address	ss shown in iter		_	4/1/02	<u> </u>

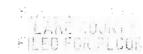


LAKE LOURS FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000283 FILED FOR RECUR 2005 APP - 8 A. NAME AND PHONE OF CONTACT AT FILER (optional) KRISTIN BUSCH 219-764-2700 B. SEND ACKNOWLEDGMENT TO: (Name and Address) RDC 5997 Carlson Ave. Ste. B Portage, IN 46368 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS 2000 000786 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. X 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 assigner 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 DELETE name: Give record name ADD name: Complete item 7a or 7b, and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION NAME The Smile Center Family Dentistry, P.C. 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION NAME MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX 7c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY ADD'LINFO RE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ☐ NONE DEBTOR 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 FIRST NAME 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX

Citter to

10. OPTIONAL FILER REFERENCE DATA





FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000284 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 # 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS 2000 000787 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. X 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 DELETE name: Give record name ADD name: Complete item 7a or 7b, and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. item 7c; also complete items 7d-7g (if applicable) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION NAME The Smile Center Family Dentistry, P.C. MIDDLE NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION NAME MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX STATE POSTAL CODE 7c. MAILING ADDRESS CITY COUNTRY ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION ☐ NONE DEBTOR 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 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

_04/11/2005 08:48 21936590	32		FAGE 82/83
	•		
			FILED FOR RECOR
INFORMATION REQUEST			
FOLLOW INSTRUCTIONS (front and back) CAREFL ADNAME & PHONE OF CONTACT (optional)	FILING OFFICEABLING	000285	2005 APT 11 #110: 48
Amy 365-4082 or Karen 36:	5-4864		A MANAGER A HOMAN
BURE-TURN TO: (Name and Address)			NATH HIM HOWN
1			
The Paper Ch	ase of		
Northwest India 9505 Geneviev			
St. John, IN 4			
		2115	
10DEBTOR NAME to be searched - insect only post of	ebtor mame (1s or 1b) - do not abbreviate or		ACE IS FOR FILING OFFICE USE ONLY
THE THE PROPERTY OF THE PROPER			DEPORATION
OR THINDIVIDUALIS LAST NAME	J CONCE CO	SIME a	MIDDLE NAME ISUFFX
-21 NFORMATION OPTIONS relating to UCC fills		office that include as a D	ebtor name the name identified in item 1:
2aDSEARCH RESPONSE CERTIFIED (Options: X	-		luding filings that have lapsed() UNLAPSED
250 COPY REQUEST CERTIFIED (Opt		Anna par is complete, inc	moting smiles that have labrance Tourist and
Select one of the following two options:	ALL UNLAPSED		
2ct Specified copies only	IFIED (Optional)		
Record Number	Date Record Filed (If required)	pe of Record and Addition	onal identifying information (if regulard)
		***	-
3UADDITIONAL SERVICES:			
			•
	•	Thru dat	F. 41810S
40DELIVERY INSTRUCTIONS (request will be completed	ted and mailed to the address shown in Item	B unless otherwise instructed	here):
4at			
Completed and American State of the Complete o	displaying the second section of the second section is		

					*.	
	r				LAKI	o, meden E oquility For record
INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREF	ULLY -		00021	g 7	2005 APT	II AMII:
BORETURN TO: (Name/and Address)	FILING OFFICE		UUUZ		MCHA	a a GOW
Guarantee Title 7895 Broadu Merri Uville,	le + Trust L	umpany				
Merei Uville,	IN 469/0				· ····································	
			THE ABOV	E SPACE IS FOR	FILING OFFICE US	F ONLY
1DDEBTOR NAME to be searched - insert only one	debtor namé (1a or 1b) - do	not abbreviate or cor				
OR 16 LINDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX
IDENDIVIDUAL S EAST NAME		into i to tine		WWO DEE TO		301124
	ALL UN	(LAPSED	of Baserd and A	dditional Idantifu	ing Information 6	· · ·
Record Number	Date Record Filed ((required) Type	of Record and A	dditional identify	ing Information (if	required)
			ofting	on gil] L	
· ·			<u> </u>	$-\theta$		
				,		
3DADDITIONAL SERVICES:				· · · · · · · · · · · · · · · · · · ·		
	10 m					
		,				
						`
						(/
				A	un (18	105
4DELIVERY INSTRUCTIONS (request will be comp 4at Pick Up 4bt Other Specify desired method here (if available for	•				delivery service, addresse	e's phone #, etc()

				SIA	AKE COUNTY
FORMATIONIREQUE	≘ST	126.000		FIL	ED FOR RECORD
OLLOW INSTRUCTIONS (front an	nd back) CAREFL	ULLY FILING BIFFIDE AS	er 10 0 2 8	3 2005 A	DO 11 AMIL: 12
hous Mayden	756666	S# 2000	- digitar	6	ANCET A PER
SUPPLETURIN TO: (Name and Address	-11	e + Trust Gr ny Saite A IN 4641	M O AND	ivat z	H-
Guarante	REVITA	e Thus gr	Pary		
7895 5	lo	IN 4641	0		
Mentin	VINE ,				
			TI-	IE ABOVE ^I SPACE IS FOR FI	LING OFFICE USE ONLY
DEBTOR NAME to be searche	d - Insert only one	debtor name (fa or fb) - do not a			ENTO OF FIRE OUT ONE
a Kills L	Dinor	LLC		<u> </u>	
160NOTVIOUAL'S LAST NAME		FIR8	TNAME	MIDDLE NAM	ME SUFI
INFORMATION OPTIONS	elating to UCC fill	ings and other holices on file	in the filing office that i	nclude as a Debtor name the	name identified in item 1:
Select one of the following	iwo options: 🔻 🔀	ALL UNLA	PSED		
2cD SPECIFIED COPIES ONLY	GER.	TIFIED (Optional)	# # .		
2cd SPECIFIED COPIES ONLY	N 18	TIFIED (Optional)			
Record Number	☐ ćer	TIFIED (Opilional) Date Record Filled (If rec	guired) Type of Reco	rd and Additional Identifyir	ng Information (if required)
The second second	N 18	Date Record Filed (if rec		\sim \sim	
The second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Daté Record Filed (If rec	A 1 c(f)	\sim \sim	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Daté Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number,		Date Record Filed (If rec		\sim \sim	
Record Number		Date Record Filed (If rec		\sim \sim	
Record Number		Date Record Filed (If rec		\sim \sim	
The second secon		Date Record Filed (If rec		\sim \sim	
Record Number		Date Record Filed (If rec		\sim \sim	

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

						0.7	en ly finere
		92-1011			•	FILED	E COUNTY FOR RECOR
FORMATION RE		FULLY	10E 06	0289		2005 APR	
CHANGS AGREETURN TOP (Name and A	AUDEN 19	56-6W BLINGER	A	0,200		NIC :A	- 4 550MV
Guaran	tee Titl	le y Trust way, Sui IN 464	Company				
7893 Monei	Horada Uville,	IN 464	10 A				
					· · · · · · · · · · · · · · · · · · ·		· ,
DEBTOR NAME to be se	earched - Insert only or	ng debtor námě (la or 16) -	do not abbreviate or		BOVESPACE	IS FOR FILING	OFFICE USE ONLY
18 DORGANIZATIONS NAME			e - 1967 - 21 - 1			;	
160NDIVIOUAL'S LAST NA	ME 15		FIRST NAME	liam		IDDLE NAME	SUI
2ct SPECIFIED COPIES	ONLY	ERTIFIED (Optional)	UNLAPSED				
2ct SPECIFIED COPIES	ONLY CI	ERTIFIED (Oplional)					
Record Number	ONLY G	100		pe of Record a	and Additional	Identifying Inf	ormation (if required
	ONLY GE	Date Record File		01.11	and Additional	Identifying Inf	ormation (if required
		Date Record File		01.11		Identifying Inf	ormation (if required
		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required
Record Number		Date Record File		01.11		Identifying Inf	ormation (if required