



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.

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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