LAKE COUNTY FILED FOR RECONG

2005 AP : -7 PH 2: 15

LUCIUS E DROWN

| FOLLOW INSTRUCTIONS (<i>FRONT AND BACK</i>) CARE | FULLY. 2005 | 000278 |
|--|----------------|--------|
| A. NAME AND PHONE OF CONTACT AT FILER (optional) | | |

| Tale Organization's Name Corker's Inc The Individual's Last Name First Name Middle Name Suffix | Kenneth A. Manning (219) 8 | 365-8376 | | | MILITA | |
|--|------------------------------------|--|--|-----------|-------------------------|-----------|
| James, James & Manning, PC Attorney at Law 200 Monticello Drive Dyer, IN 46311 DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (1a or 1b) - do not abbreviate or combine names The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY STATE POSTAL CODE COUNTRY | B. SEND ACKNOWLEDGMENT TO: (Name | and Address) | | | 1-21 | 7 |
| James, James & Manning, PC Attorney at Law 200 Monticello Drive Dyer, IN 46311 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 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTR CORGANIZATION CORGANIZ | | | _ | | | |
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| Attorney at Law 200 Monticello Drive Dyer, IN 46311 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. Indiana Debtor's Exact Full Legal Name ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names Corker's Inc., and/or Ricciardi's Ristorante 2b. INDIVIDUAL'S LAST NAME Corker's Inc., and/or Ricciardi's Ristorante 2b. INDIVIDUAL'S LAST NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names Corker's Inc., and/or Ricciardi's Ristorante 2b. INDIVIDUAL'S LAST NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names Corker's Inc., and/or Ricciardi's Ristorante 2b. INDIVIDUAL'S LAST NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names Corker's Inc., and/or Ricciardi's Ristorante 2c. INDIVIDUAL'S LAST NAME ADDITIONAL DEBTOR BARDERS 9111 Broadway, Suite D ADDITIONAL DEBTOR BARDERS 9111 Broadway, Suite D ADDITIONAL DEBTOR BARDERS 9111 Broadway, Suite D ADDITIONAL DEBTOR BARDERS 9112 STATE POSTAL CODE COUNTRY Werrillville IN 46410 2g. ORGANIZATION ID #, if any 2005011300193 NONE SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b) 3g. ORGANIZATION'S NAME Karin, Corp 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX SUFFIX SUFFIX BARDERS SUFFIX SUFFIX SUFFIX MIDDLE NAME SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX | James, James & Manning | ı, PC | | | | |
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| Corker's Inc Corker's Inc | | Insert only one debtor (1a or 1b) - do | not abbreviate or combine names | | | |
| The individual's last name is suffix The individual's last name is less than individual's last name i | | | | | | |
| 15. INDIVIDUAL'S LAST NAME | | | | | | |
| 9400 Indianapolis Blvd ADDLINFO RE ORGANIZATION LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names ADDLINFO RE ORGANIZATION 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 C. MAILING ADDRESS 9111 Broadway, Suite D ADDLINFO RE ORGANIZATION DEBTOR ADDLINFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS 9111 Broadway, Suite D ADDLINFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR ADDLINFO RE ORGANIZATION DEBTOR ORGANIZATION STATE POSTAL CODE COUNTRY USA 2g. ORGANIZATIONAL ID #, if any 2005011300193 NONE NONE 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 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY | 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
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| ORGANIZATION DEBTOR | | | | | | |
| DEBTOR | | | | 1 - | | ny |
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| | | | | | | |
| | c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | | 1 |

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 | |
| FILING OFFICE COPY - INDIANA LICC FINANCING STATEMENT | |

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 S | PACE IS | FOR FILING OFFI | CE USE ONLY |
|--|----------------------------------|--|----------------------|---------|-----------------------------------|-------------|
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEG | AL NAME - Insert only one deb | otor (11a or 11b) - do not abbrevi | ate or combine names | 5 | | |
| 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 | TYPE OF ORGANIZATION Corporation | 11f. JURISDICTION OF O | RGANIZATION | _ | GANIZATIONAL ID #, 05011300193 | if any NONE |
| 12. ADDITIONAL SECURED PARTY'S or | ASSIGNOR S/P'S NAME - i | insert only one secured party na | me (12a or 12b) | | | |
| 12a. ORGANIZATION'S NAME | | | , | | | |
| OR ASE INDIVIDUAL SHACE MANE | | FIDET NAME | | MIDDLE | NAME | CHECK |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 12c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT covers ☐ ti ☐ as-extracted collateral, or as a ☐ fixture 14. Description of real estate: Legal: W. 200 FT. OF E. 250 F S.1/2 N.1/2 EX S.135 FT. S.29 *N.30 FT7592 AC Commonly known as 9400 Ind Highland, Indiana 46322. Real Estate Tax Parcel #: 16-27-0025-0027 | T. OF N.1/2 T.36 R.9 EX | 16. Additional collateral de | escription: | | | |
| 15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest): Dal Santo Kolodiziej Partners, Sand Ridge Bank as Trustee of P.O. Box 598 Schererville, IN 46375 | LLC | 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 Es 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 | | | | |