



# UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)  
Approved by State Board of Accounts, 2001

N  
LARE COUNTY  
FILED FOR RECORD  
2005 APR 18 PM 2:23  
MICROFILMED - TOWN

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME AND PHONE OF CONTACT AT FILER (optional) **2005 000325**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

William Noble Eiland, Junior  
C/o 840 Colfax Street  
near (46406)  
Gary, Indiana.  
*see attachments*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **2002001489**

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 |
|------|-------|-------------|---------|

7e. TYPE OF ORGANIZATION  ADDL. INFO RE ORGANIZATION DEBTOR

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any  NONE

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

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

covers the following collateral:  
The DEBTOR'S TRANSMITTING UTILITIES, are herewith entered into the Commercial Registry, and the following property is herewith registered in the commercial registry (1) National City Bank select savings account # 1980108474. The property is accepted for value and exempt from levy. All proceeds, products, accounts, and fixtures, and the ORDER'S therefrom, are released to the DEBTOR. Adjustment of this filing is from House Joint Resolution 192 of June 5, 1933 and UCC Sections 1 - 104 and 10 - 104.

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

OR

|   |                              |                             |                      |
|---|------------------------------|-----------------------------|----------------------|
| 9b. INDIVIDUAL'S LAST NAME<br><b>Eiland</b> | FIRST NAME<br><b>William</b> | MIDDLE NAME<br><b>Noble</b> | SUFFIX<br><b>Jr.</b> |
|---|------------------------------|-----------------------------|----------------------|

10. OPTIONAL FILER REFERENCE DATA

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

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|   |            |                     |
|---|------------|---------------------|
| 11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form) |            |                     |
| 2002001489  |            |                     |
| 12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)  |            |                     |
| 12a. ORGANIZATION'S NAME  |            |                     |
| OR  |            |                     |
| 12b. INDIVIDUAL'S LAST NAME   | FIRST NAME | MIDDLE NAME, SUFFIX |
| Eiland  | William    | Noble, Jr.          |
| 13. Use this space for additional information                               |            |                     |

2005 000325

FILED  
LAKE COUNTY  
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MICHAEL BROWN

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