₩.					;	N	
<u> </u>				STATE	or more		
•					E COUNTY FOR RECURE		
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			- 000001	2005 APR 29 PM 3: 16			
7. Trime at the test of the test (options)			318) 662-4141		MICHAEL BROWN		
LICC Dire	ct Services	66485	584.1	ML,	١		
P.O. Box	29071	INIINI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	CA 91209-9071	FIXTU	JRE _	THE ABOVE SPACE IS	FOR FILING OFFICE USE	E ONLY	
a. INITIAL FINANCING STATEMENT FILE # 306076 10-18-90 CC IN Lake				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION			pove is terminated with respect to securion ove with respect to the security interest				
	additional period provide						
	<u> </u>		or 7b and address of assignee in 7	c; and also give name of c. Check only one of these h			
Also check one of	the following three boand/or address: Give curr	This Amendment affects [ ] I boxes and provide appropriate in tention for the factor of the factor o	nformation in items 6 and/or 7.  Ilso give new DELETE name:	Give record name AL	DD name: Complete item 7		
CURRENT RECOR		nd/or new address (if address chang	ge) in item 7c to be deleted in	item 6a or 6b.	m 7c; also complete items	7d-7g (it applicat	
6a. ORGANIZATION BANK ONE,	'S NAME INDIANA, NA						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NA	MIDDLE NAME SUFFIX			
	OR ADDED INFORM	ATION:					
7a. ORGANIZATION							
DR JPMORGAN CHASE BANK , NA  7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NA	MIDDLE NAME SUFFIX		
7c. MAILING ADDRESS 500 TAYLOR STREET PG-6 TX1-1405			FORT WORTH	TX			
SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	TION 7g. ORGANI	IZATIONAL ID #, if any	None	
AMENDMENT (COI Describe collateral	LLATERAL CHANGE	E): check only <u>one</u> box. d, or give entire restated coll	lateral description, or describe collate	eral assigned.			
NAME OF SECURE	D BADTY OF BECOF	OO ALITHODIZING THIS AME	NIDMENT (some of project if the first	Animana Militaria		Debtase	
9a. ORGANIZATION	s the authorizing Debtor, 'S NAME	or if this is a Termination authorize	NDMENT (name of assignor, if this is a d by a Debtor, check here and enter	an Assignment). If this is an Air name of DEBTOR authorizin		Debtor which	
R	HASE BANK , NA						
9b. INDIVIDUAL'S LA	AST NAME		FIRST NAME	MIDDLE NAI	ME	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA 6648584.1 Debtor Name: KOUIMANIS, GEORGE AND CALLY 0120414766 290627

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: 1910 E COMMERCIAL, LOWELL IN. LOT 1, HOFFMAN MANOR, TOWNOF LOWELL, AS SHOWN IN PLAT BK 46, PG 144, LAKE CO, IN.