FOLLOW INSTRUCTIONS (FRONT AND BACK)	CAREFULLY.	-		,	2005	Fill
A. NAME AND PHONE OF CONTACT AT FILER (optional)		20 05	00039	į		
Kathryn Walker Gill/(219) 881-4808					1/4	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				., .,	
		- -1				
Kathryn Walker Gill		1				
City of Gary Economic De	velopment	Corn				
839 Broadway, Suite 2nd	Fl. North	.				
Gary, IN 46402	1.02 011					
00 0		,				
Les attachment						
				CE IS F	OR FILING OFFICE	E USE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one of	ebtor (1a or 1b) - do n	not abbreviate or combine nan	nes			
1a. ORGANIZATION'S NAME	- 1					•
Garza Maintenance & Construc		FIRST NAME		MIDDLE	NAME	SUFFIX
16. INDIVIDUAL'S LAST NAME	ĺ	LING! INVAIL		WIIDDEL	- IVONE	SOFFIX
c. MAILING ADDRESS		CITY		STATE POSTAL CODE		COUNTRY
487 Broadway, Suite LL5 & LL6		Gary		IN	46402	1000111111
ADD'L INFO RE 1e. TYPE OF O		1f. JURISDICTION OF O	RGANIZATION		SANIZATIONAL ID #,	if any
ORGANIZATION DEBTOR					:	☐ NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - I	nsert only one debtor	(2a or 2b) - do not abbreviate	or combine names			
2a. ORGANIZATION'S NAME						
20						
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
c. MAILING ADDRESS	C	CITY		STATE	POSTAL CODE	COUNTRY
ORGANIZATION	RGANIZATION 2	f. JURISDICTION OF OF	RGANIZATION	2g. ORG	ANIZATIONAL ID #, i	_
DEBTOR		0.00				□ NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGN 3a. ORGANIZATION'S NAME	EE of ASSIGNOR	S/P) - insert only one secure	d party name (3a or 3	b)		
	mont Como	wation				
R City of Gary Economic Development Corp 3b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE		SUFFIX	
		INOT WANTE	MIDDEL AVAIL		SOFFIX	
MAILING ADDRESS		ITY		STATE	POSTAL CODE	COUNTRY
839 Broadway, 2nd Floor North		Gary	IN	46402	00011111	
This FINANCING STATEMENT covers the following collate	ral:	· JOHL Y		111	40402	
•						
All of debtors assets now own	ed or here	after acquire	d accounts	rece	ivables from	000
All of debtors assets now own federal, state, local, charit	able agenc	y or commercia	al entity	for go	oods or serv	ices
rendered including but not li	mited to a	II office fur	nishings ́a	nd egi	uipment, inv	entory,
automobiles, etc. and all pro	ceeds ther	eof.	J	. •	,	, ,
•						

5. ALTERNATIVE DESIGNATION (if applicable):

LESSEE / LESSOR CONSIGNEE / CONSIGNEE / CONSIGNOR BAILEE / BAILOR SELLER / BUYER AG. LIEN NON-UCC FILING

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

(ADDITIONAL FEE) (optional)

ESTATE RECORDS. Attach Addendum (if applicable)

OPTIONAL FILER REFERENCE DATA

i. This FINANCIAL STATEMENT is to be filed (for record) (or recorded) in the REAL

UCC FINANCING STATEMENT ADDENDUM

State Form 50181 (5-01)

Approved by State Poard of Accounts, 2001 FOLLOW INSTRUCTIONS (FRONT AI	ND BACK) CAREFULLY.					. .		
9. NAME OF FIRST DEBTOR (1a or 1b) ON		EMENT	7					
9a. ORGANIZATION'S NAME		N	1					
Garza Maintenance &	Construction L	I.C			2007 3133	2 7- 1		
9b. INDIVIDUAL'S LAST NAME	ME NEWE, SUFFIX	100391		2000				
10. MISCELLANEOUS			1		16.00	بتراند		
						• •		
·					FOR FILING OFFIC	E USE ON		
11. ADDITIONAL DEBTOR'S EXACT FULL LI	EGAL NAME - Insert only one del	btor (11a or 11b) - do not abbrevi	ate or combine name	<u> </u>				
)R								
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
1c. MAILING ADDRESS	c. MAILING ADDRESS		CITY		POSTAL CODE	COUNTR		
ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR		11f. JURISDICTION OF O	11g. ORGANIZATIONAL ID #, if any					
2. ADDITIONAL SECURED PARTY'S or [ASSIGNOR S/P'S NAME - i	insert only one secured party nam	ne (12a or 12b)	<u> </u>				
12a. ORGANIZATION'S NAME								
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY			
3. This FINANCING STATEMENT covers		16. Additional collateral des	cription:					
 as-extracted collateral, or as a fixtule Description of real estate: 	re ming.							
•								
And the second s	٠.							
		4						
•								
•								
Name and address of a RECORD OWNER of	above described real estate							
(if Debtor does not have a record interest):		17 Check only if applicable a	nd check only and	hov				
		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							