



# UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

STATE OF INDIANA

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000517

2005 000517 08

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST UNITED BANK  
20 W. STEGER RD.  
STEGER, IL 60475

*see attachment*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
2003 001210

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 BOOMSMA	FIRST NAME BRUCE	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
------	-------	-------------	---------

ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
-----------------------------------	--------------------------	----------------------------------	--

8. AMENDMENT (COLLATERAL CHANGE): check only one box  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

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  
FIRST UNITED BANK

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------------	------------	-------------	--------

10. OPTIONAL FILER REFERENCE DATA  
SEE ATTACHMENT FOR LEGAL DESCRIPTION

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

**FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.**

2005 000517

STATE OF INDIANA  
FILED  
2005  
3:08  
WN

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form) 2003 001210		
12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)		
12a. ORGANIZATION'S NAME FIRST UNITED BANK		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

NAME OF RECORD OWNER:

LAKE COUNTY TRUST COMPANY TRUST  
NO. 5347  
2200 N. MAIN STREET  
CROWN POINT, IN 46307

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY