



FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000521

2005 JUH - 8 PH 2: 10

A. NAME AND PHONE OF CONTACT AT FILER (optional)		MICHAEL / FPOWN		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			OFAR 7 FR BELL!	
	\neg			
FIRST UNITED BANK	II .			
20 W. STEGER RD.				
STEGER, IL 60475				
31EGEN, IE 00473				
see attachment				
	THE ABOVE SP	ACE IS FO	OR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FII	NANCING STATEMEN	TAMENDMENT is
2003 001208	222	K to be	filed (for record) (or STATE RECORDS	recorded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated.	erminated with respect to security interest(s) of the S			
CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law.	ith respect to security interest(s) of the Secured Part	y authorizing	this Continuation Statemen	it is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and addr	rose of assignaging itam 7c; and also give name of a	esionar in iter	n 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor				
Also check one of the following three boxes and provide appropriate information in items		mese two bo	AGG.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also		ame \square	ADD name: Complete ite	m 7a or 7b. and also
name (if name change) in item 7a or 7b and/or new address (if address change) i			item 7c; also complete item	ns 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION NAME				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
LOTTON	JOHN			
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION NAME				
7a. ONOANIZATION NAME				
OR	FIDOT MANE	MIDDLE	- NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	INAME	SUFFIX
			1	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if	any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box	<u> </u>			
 AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral des 	estinties, es deserbe colleteral 🔲 assigned			
Describe conlateral Deleted of Dadoed, of give entire Destated conlateral des	scription, or describe conditional and assigned.			
Describe collateral beliefed ofaccept, or give entireTestated collateral cer	scription, or describe constitution and according to			

NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Ter						
9a. ORGANIZATION NAME FIRST UNITED BANK						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
10. OPTIONAL FILER REFERENCE DATA SEE ATTACHMENT FOR LEGAL DI	ESCRIPTION	·				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01)

Approves by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11	INITIAL FINANCING STATE FILE NUM 2003 001208	MBER (same as item 1a on a	Amend ere (t) fdrifn) 5)521
12	NAME OF PARTY AUTHORIZING AM	ENDMENT (same as item 9	on Amendment form)	
	12a. ORGANIZATION'S NAME FIRST UNITED BANK			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NAME, SUFFIX	
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LARE COURT FILED FOR RECORD 2005 July - 8 PM 2: 10

MICHA-1 ARROWN

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