

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000523 2005 JUN -8 PM 2: 10

A. NAME AND PHONE OF CONTACT AT FILER (optional)		MC WEN	PROWN
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			. 4
B. SEND ACKNOWLEDGMENT TO. (Name and Address)			
FIRST UNITED BANK			
20 W. STEGER RD.	J		
STEGER, IL 60475			
see attachment			
	THE ABOVE	SPACE IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STATEMENT FILE #	HINNEL COLUMN CO	1b. This FINANCING STATEMENT	
2003 001209		to be filed (for record) (or re REAL ESTATE RECORDS	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of t	he Secured Party authorizing this Termination	Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secured	Party authorizing this Continuation Statement	ís
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and according to the control of the con	ddress of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debto		ne of these two boxes.	
Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; a	_	ord name	70 or 7h and alac
name (if name change) in item 7a or 7b and/or new address (if address change	a) in item 7c. to be deleted in item 6a or		
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION NAME			
O. OKGANIZATION NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PHILLIPPE	DEWEY	ROBERT	SOFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	524461		
7a. ORGANIZATION NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'LINFO RE 7.6. TYPE OF ORGANIZATION	T TE HIDIODICTION OF ORGANIZATION	N 7- 0004W74710W4 ID # #	
ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	N 7g. ORGANIZATIONAL ID #, if a	<i>′</i> —
DEBTOR	<u> </u>		☐ NONE
 AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral d 	description or describe collateral assigned		
Describe constant Detered or 2 added, or give entire 2 restated constant of	escription, or describe collateral assigned.		
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMER adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 			a Debtor which
9a. ORGANIZATION NAME	-, star, arrown and arrown name of t	or authorizing the Amendment.	
FIRST UNITED BANK			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	CHEEN
SD. INDIVIDUAL S LAST WANE	TINOT NAME	MIDDLE IANNE	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
SEE ATTACHMENT FOR LEGAL DESCRIPTION	1		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11.	2003 001209	ER (same as item 1a on Amendme	2005	000523
12	NAME OF PARTY AUTHORIZING AMEN			
0.0	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			

990 yan 4 2900 2010 100

LAKE COUNT FILED FOR RECON

2005 JUM - 8 PM 2: 10

75. Ose 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