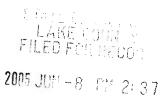


UCC FINANCING STATEMENT AMENDMENT

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

2005 000529



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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME	AND PHONE OF	CONTACT AT	FILER (optional)			Marie	Att a com
	==					ing Cana	AP a chow South in
B. SEND	ACKNOWLEDG	MENT TO: (Name	e and Address)			•	Mark Company
2	TRST UNITE 0 WEST ST TEGER, IL	EGER ROA	AD				
L.	poe o	ittae	lmit		OVE SPACE IS	FOR FILING OFFICE	E USE ONLY
	FINANCING ST 04 000009	ATEMENT FILE	#		1b. This to b	FINANCING STATEMEN be filed (for record) (o LESTATE RECORDS	NT AMENDMENT is r recorded) in the
2. X TER	MINATION: Effec	ctiveness of the Fin.	ancing Statement identified above is to	erminated with respect to security interest(s) of the Secured Par	rty authorizing this Terminati	on Statement.
	NTINUATION: Effinued for the addition			ith respect to security interest(s) of the Sec	ured Party authorizi	ng this Continuation Stateme	ent is
4. 🔲 ASS	GIGNMENT (full or	partial): Give name	e of assignee In item 7a or 7b and add	ress of assignee in item 7c; and also give r	name of assignor in i	item 9.	
Also check	one of the followin	g three boxes and p	This Amendment affects Debtor provide appropriate information in item trent record name in item 6a or 6b; als		_	boxes. ADD name: Complete it	em 7a or 7h, and also
nam	e (if name change)	in item 7a or 7b an	d/or new address (if address change)	in item 7c. to be deleted in item 6		item 7c; also complete ite	
	NT RECORD INF RGANIZATION N	IAME	. INC				
OR 6b. IN	DIVIDUAL'S LAS	BUILDERS T NAME	o, IIVO.	FIRST NAME	MIDD	LE NAME	SUFFIX
7 CHANG	ED (NEW) OR AI	DDED INEODM	ATION:				
_	RGANIZATION N		CHON.				
OR 7b. INI	R 7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDD	MIDDLE NAME SU	
7c. MAILIN	G ADDRESS			CITY	STATI	E POSTAL CODE	COUNTRY
		ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	TION 7g. OI	 RGANIZATIONAL ID #,	•
		DEBTOR	: check only one box				☐ NONE
	`		·	scription, or describe collateral assigne	od.		
				DMENT (name of assignor, if this is an As			by a Debtor which
	teral or adds the au RGANIZATION N		or it this is a Termination authorized by	y a Debtor, check here 🗵 and enter name	e or DEB I OK auth	nonzing this Amendment.	
	FIRST UNIT	ED BANK					
9b. IND	DIVIDUAL'S LAS	T NAME		FIRST NAME	MIDDI	LE NAME	SUFFIX
	ATTACHE		TATE DESCRIPTION		- '		<u> </u>

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

CROWN POINT, IN 46307

FULLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

Stat	e F con 50182 (5-01)				and the second s	
Арр	roved by State Board of Accounts, 200	1		LAKÉ COUNTY		
FΘ	LLOW INSTRUCTIONS (FRONT	AND BACK) CAREFUL		FILEO FOR RECORD		
11.	INITIAL FINANCING STATE FILE NU 2004 000009	MBER (same as item 1a on	· · · · · · · · · · · · · · · · · · ·	00529	2005 JUN -8 FM 2: 37	
12.	NAME OF PARTY AUTHORIZING AM	ENDMENT (same as item 9		00000		
0.0	12a. ORGANIZATION'S NAME FIRST UNITED BANK			WOULEE A FROWN		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		86N 8118	
13.	Use this space for additional information	on I				
	NAME OF RECORD OWN	ER:				
	LAKE COUNTY TRUST CO 2200 N. MAIN ST.	OMPANY TRUST N	O. 5347	THE ABOVE SPACE I	S FOR FILING OFFICE USE ONLY	