



# UCC FINANCING STATEMENT

Stat. Form 50181 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JUN 28 PM 1:10

MICHAEL A. BROWN  
REGISTERED

2005 000586

A. NAME AND PHONE OF CONTACT AT FILER (optional)  
Kathryn Walker Gill (219) 881-4808

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Economic Development Corp.  
839 Broadway, S 2nd Fl. North  
Gary, IN 46402

*see attachment*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
Forms + Funktion, Inc.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
632 Lake Street, Suite 1 Gary IN 46403 US

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>Archetectorial Design | 1f. JURISDICTION OF ORGANIZATION<br>Lake County | 1g. ORGANIZATIONAL ID #, if any<br><input checked="" type="checkbox"/> NONE |
|-----------------------------------|---|---|---|

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

|                                   |                          |                                  |  |
|-----------------------------------|--------------------------|----------------------------------|--|
| ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
|-----------------------------------|--------------------------|----------------------------------|--|

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
Economic Development Corporation

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
839 Broadway, 2nd Fl. North Gary IN 46402 US

4. This FINANCING STATEMENT covers the following collateral:

All of debtors assets now owned or hereafter acquired Account Receivables from any federal, state, local, charitable agency or commercial entity for goods or services rendered including but not limited to all office furnishings and equipment, inventory, automobiles, etc. and all proceeds thereof.

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE / LESSOR  CONSIGNEE / CONSIGNOR  BAILEE / BAILOR  SELLER / BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCIAL STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY - INDIANA UCC FINANCING STATEMENT

**UCC FINANCING STATEMENT ADDENDUM**

State Form 50181 (5-01)

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

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME  
Forms + Funktion, Inc.

OR

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

10. MISCELLANEOUS 2005 000586

LAKE COUNTY  
FILED FOR RECORD  
2005 JUN 28 PM 1:10  
MICHAEL A BROWN  
RECORDER

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any  NONE

12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - insert only one secured party name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut  as-extracted collateral, or as a  fixture filing.

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

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