

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

Glenn R. Patterson 219-769-3561 X 117

LARE GOLD FILED FOR DECUM

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY 2005 00597

2005 JUL - 1 PM 2: 0.3

MICHAEL LROWN

	Lucas Holcomb & Medrea Easton Court 300 East 90th Drive Merrillville, IN 46410	,	THE ABOVE SP	ACE IS FO	OR FILING OFFICE	USE ONLY
. 0	DEBTOR'S EXACT FULL LEGAL NAME -	insert only one debtor (1a or 1b) - do	not abbreviate or combine names			
	1a. ORGANIZATION'S NAME					
)R	Continental Electric Co	mpany, Inc.				
<i>,</i> ,,	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
C	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
٠.	9501 East 5th Avenue		Gary	IN	46403	USA
	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		A 0403 SANIZATIONAL ID#, if	
	ORGANIZATION DEBTOR	Corporation	Indiana	ig. one		■ NONE
2. A	DDITIONAL DEBTOR'S EXACT FULL LI	EGAL NAME - Insert only one debte	or (2a or 2b) - do not abbreviate or combine names	'		
OR	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
Cc. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
	ADD'I INFO RE	ORGANIZATION				
		24. 117 2 37 31 (37 (17) 2 17) 31				
	ORGANIZATION DEBTOR		IR S/P) - insert only one secured party name (3a o	r 3h)		□ NONE
3. 5	ORGANIZATION DEBTOR		R S/P) - insert only one secured party name (3a o	r 3b)		LI NONE
	ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of 3a, ORGANIZATION'S NAME			r 3b)	NAME	SUFFIX
3. S	ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S LAST NAME		R S/P) - insert only one secured party name (3a o FIRST NAME William		NAME	
OR	ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of 3a, ORGANIZATION'S NAME		FIRST NAME	MIDDLE	NAME POSTAL CODE	SUFFIX
OR	ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of '3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S LAST NAME  Walton		FIRST NAME William	MIDDLE B.		
OR Bc.	ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of Table 1)  3a. ORGANIZATION'S NAME  3b. INDIVIDUAL'S LAST NAME  Walton  MAILING ADDRESS  416 Westchester Lane  This FINANCING STATEMENT covers the	TOTAL ASSIGNEE of ASSIGNO	FIRST NAME William CITY	MIDDLE B. STATE IN	POSTAL CODE 46385	SUFFIX COUNTRY USA

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

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)
(ADDITIONAL FEE) (optional)

☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

6. This FINANCIAL STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

## UCC FINANCING STATEMENT ADDENDUM

State Form 50181 (5-01)

Approved by State Board of Accounts, 2001

FOLL OW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

FO	LEGAN INSTRUCTIONS (FROM)	AND BACK) CARE	FULLI.	
9.	NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANC	ING STATEMEN	1 - 0 = 0
OR	9a. ORGANIZATION'S NAME Continental Electric Company, Inc.		2005	00022
	9b. INDIVIDUAL'S LAST NAME FIRST NAME			MIDDLE NAME, SUFFIX
10	MISCELLANEOUS		-	



_	The second secon			FOR FILING OFFI	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debt 11a. ORGANIZATION'S NAME	otor (11a or 11b) - do notabbreviate or combine nam	es		
	TTA. ON GAMEATION O NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
11c	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	ADD'LINFO RE ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANIZATION	11g. OR	I GANIZATIONAL ID#,	f any
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
14.	This FINANCING STATEMENT covers  timber to be cut  as-extracted collateral, or as a fixture filing.  Description of real estate:  SEE LEGAL DESCRIPTION ATTACHED  HERETO AS EXHIBIT "1"				
		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  Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufacture  Filed in connection with a Public-Finance	d-Home Tra		

## EXHIBIT "1" TO UCC FINANCING STATEMENT ADDENDUM

## CONTINENTAL ELECTRIC COMPANY, INC. - DEBTOR WILLIAM B. WALTON - SECURED PARTY

Part of the Northeast quarter of the Southeast quarter of Section 4, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Gary, Lake County, Indiana, described as follows: Beginning at a point 40 feet South and 66 feet West of the Northeast corner of said quarter quarter Section; thence West 334.00 feet to the Northeast corner of Lot 1 in Block 1 in Sunrise Subdivision as shown in Plat Book 32, page 77, in the Office of the Lake County Recorder; thence South along the East line of Lots 1 to 12, inclusive, in said Block 1, a distance of 700.00 feet to the Northwest corner of Lot 15 in said Block 1; thence East along the North line of Lots 15 to 18, inclusive, in said Block 1, a distance of 338.95 feet to the Northeast corner of said Lot 18, being a point on a line 66 feet West of the East line of said quarter quarter Section; thence North 700.02 feet to the point of beginning.

Commonly known as 9501 East 5th Avenue, Gary, Indiana 46403.

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