

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

IMPORTANT - READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB



2005 000689

LAKE COUNTY  
FILED FOR RECORD  
2005 AUG -2 PM 12:47

MICHAEL BROWN  
REGISTER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 GUY A. CARLSON 219-696-8716 EXT 326

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DEMOTTE STATE BANK  
 GUY A. CARLSON  
 PO BOX 346  
 LOWELL, IN 46356

*see attachment*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME MOON ISLAND FARMS INCORPORATED						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 2214 WEST 203RD AVENUE			CITY LOWELL	STATE IN	POSTAL CODE 46356	COUNTRY
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION LAKE	1g. ORGANIZATIONAL ID#, if any 35-1420974 <input type="checkbox"/> NONE		

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

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME KALVAITIS		FIRST NAME FRANK	MIDDLE NAME A.	SUFFIX	
2c. MAILING ADDRESS 2214 WEST 203RD AVENUE			CITY LOWELL	STATE IN	POSTAL CODE 46356	COUNTRY
2d. TAX ID #: SSN OR EIN 311-58-3980	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <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 DEMOTTE STATE BANK						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS PO BOX 346			CITY LOWELL	STATE IN	POSTAL CODE 46356	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

TEN GRAIN STORAGE BINS WITH STORAGE CAPACITY OF 145,000 BUSHELS. ALSO INCLUDES A GRAIN LEG, TWO HOPPER BINS, GRAIN DRYER, FEED BIN, A CHEMICAL MOAT AND THREE FERTILIZER STORAGE TANKS.

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

6.  This FINANCING 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) [OPTIONAL]  All Debtors  Debtor 1  Debtor 2

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 AUG -2 PM 12: 47

MICHAEL A BROWN  
RECORDER

2005 000689

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME MOON ISLAND FARMS INCORPORATED			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME KALVAITIS	FIRST NAME FRANK	MIDDLE NAME A.	SUFFIX	
11c. MAILING ADDRESS 2214 W 203RD AVENUE		CITY LOWELL	STATE IN	POSTAL CODE 46356	COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID#, if any	<input type="checkbox"/> NONE

12.  ADDITIONAL SECURED PARTY'S of  ASSIGNOR S/P'S NAME - insert only one 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 or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:

PART OF THE SE 1/4 OF SECTION 33, TOWNSHIP 33 N, RANGE 8 W OF THE 2ND P.M. DESCRIBED AS FOLLOWS: BEGINNING AT THE NW CORNER" OF THE SE QUARTER OF SAID SECTION 33, THENCE SOUTH 88 DEGREES 39 MIN. 51 SEC. E ALONG THE N LINE OF THE SE QUARTER OF SAID SECTION 33 A DISTANCE OF 1,541.98 FEET; THENCE S 00 DEGREES 32MIN. 39 SEC. E, 360.26 FT, THENCE S 89 DEGREES 25 MIN. 12 SEC. W 364.09 FT THENCE N 38 DEGREES 59 MIN. 26 SEC W, 91.7 FT THENCE N 89 DEGREES 11 MIN 17 SEC WEST 124.77 FT

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

MOON ISLAND FARMS INCORPORATED  
2214 W 203 RD AVE  
LOWELL, IN 46356

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