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

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

2005 000690

STATE OF HUMAN LAKE COUNTY FILED FOR RECORD

2005 AUG - 2 PH 12: 48

MICHAEL A BROWN 1-0000

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 attachments

THE ABOVE SPACE IS FOR FILING OFFICE LISE ONLY

			THEADOTE	OI AOL IO I O	TITIEITI OTTTOE COL	- 01121
EBTOR'S EXACT FL	JLL LEGAL NAME	- insert only one debtor name	(1a or 1b) - do not abbreviate or combine na	ımes		
1a. ORGANIZATION'S N	IAME					
MOON ISLAM	ND FARMS I	NCORPORATED				
OR 15 INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2214 WEST 203RD AVENUE			LOWELL	IN	46356	
TAX ID #: SSN OR EIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any		
			LAKE			NONE
DDITIONAL DEBTOF	S EXACT FULL I	EGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate	or combine na	mes	
2a. ORGANIZATION'S N	AME					
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
KALVAITIS			FRANK	A.		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2214 W 203RD AVENUE			LOWELL	IN	46356	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR		11. JURISDICTION OF ORGANIZATION 2g. ORGANIZATION		ANIZATIONAL ID#, if any	ATIONAL ID#, if any	
		1			NONE	
SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSI	GNOR S/P) - insert only one secured party i	name (3a or 3b))	
3a. ORGANIZATION'S N	AME					
DEMOTTE S	TATE BANK					
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 346			LOWELL	IN	46356	
	1a. ORGANIZATION'S N MOON ISLAM 1b. INDIVIDUAL'S LAST MAILING ADDRESS 2214 WEST FAX ID #: SSN OR EIN DDITIONAL DEBTOF 2a. ORGANIZATION'S N ALLING ADDRESS 2214 W 2 FAX ID #: SSN OR EIN SECURED PARTY'S 3a. ORGANIZATION'S N DEMOTTE S 3b. INDIVIDUAL'S LAST ALLING ADDRESS	1a. ORGANIZATION'S NAME MOON ISLAND FARMS I 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2214 WEST 203RD AVE TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR DDITIONAL DEBTOR'S EXACT FULL I 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME KALVAITIS MAILING ADDRESS 2214 W 203RD AVE TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME 3a. ORGANIZATION'S NAME DEMOTTE STATE BANK 3b. INDIVIDUAL'S LAST NAME	1a. ORGANIZATION'S NAME MOON ISLAND FARMS INCORPORATED 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2214 WEST 203RD AVENUE FAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION CORPORATION DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME KALVAITIS MAILING ADDRESS 2214 W 203RD AVENUE ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS	Ta. ORGANIZATION'S NAME MOON ISLAND FARMS INCORPORATED 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2214 WEST 203RD AVENUE TAX ID #: SSN OR EIN ADD'LINFO RE ORGANIZATION DEBTOR CORPORATION CORPORATION LAKE DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME KALVAITIS MAILING ADDRESS 2214 W 203RD AVENUE TAX ID #: SSN OR EIN ADD'LINFO RE ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION ADD'LINFO RE ORGANIZATION ORGANIZATION DEBTOR ADD'LINFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR FIRST NAME DEMOTTE STATE BANK 3b. INDIVIDUAL'S LAST NAME FIRST NAME	MOON ISLAND FARMS INCORPORATED 1b. INDIVIDUAL'S LAST NAME MIDDLE MAILING ADDRESS 2214 WEST 203RD AVENUE LOWELL IN ADD'L INFO RE 1b. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. JURISDICTION OF ORGANIZATION 2g. ORGANIZATION 2g. ORGANIZATION 5g. O	Ta. ORGANIZATION'S NAME MOON ISLAND FARMS INCORPORATED Ti. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME A. CORPORATION CORPORATION CORPORATION LAKE A. CORPORATION CORPORATION DITY CORPORATION LAKE A. CORPORATION CORPORATION CORPORATION CORPORATION CORPORATION CORPORATION LAKE MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME KALVAITIS ALLING ADDRESS CITY STATE CORPORATION ADDLINFO RE CORPORATION ADDLINFO RE CORPORATION TO CORPORAT

4. This FINANCING STATEMENT covers the following collateral:

FIVE STORAGE GRAIN BINS WITH STORAGE CAPACITY OF 231,000 BUSSHELS, WITH AUGER AND LEGS A TRUCK SCALE WITH DIGITAL READ OUT AND A B ST-250 GRAIN DRYER

	and the same of th	I man or the party of the last
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSI	NEE/CONSIGNOR BAILEE/BAILOR SELLER/BU	YER 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) [ADDITIONAL FEE] [optional]	All Debtors Debtor 1 Debtor 2

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

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MICHAFL & BROWN

UCC FINANCING STATES FOLLOW INSTRUCTIONS (front and back		RECLASER				
9. NAME OF FIRST DEBTOR (1a or 1b)		TEMENT				
9a. ORGANIZATION'S NAME	ON TIED THE THE THE	- Inchient				
MOON ISLAND FARMS	INCORPORATED					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
11. ADDITIONAL DEBTOR'S EXACT FUE 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S LAST NAME KALVAITIS 11c. MAILING ADDRESS 2214 WEST 203RD ADDIT INFO ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ADDIT INFO ORGANIZATION ORGANIZAT		FIRST NAME FRANK CITY LOWELL 11f. JURISDICTION OF ORGAN	breviate or comb	MIDDLE A. STATE		SUFFIX COUNTRY
ORGANIZATIO	ON THE OF ORGANIZATION					NONE
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME OR 12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS	Y S or MASSIGNOR S/PS	NAME - insert only one name FIRST NAME CITY	12a or 12b)	MIDDLE	NAME POSTAL CODE	SUFFIX
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 14. Description of real estate: THE SOUTH ½ OF THE NV SECTION 5, TOWNSHIP 3 OF THE 2ND P.M., IN LEXCEPTING THEREFROM 1 OF THE S 420 FEET		16. Additional collateral descripti	on:			
15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest): MOON ISLAND FARMS INC 2214 W 203RD AVE LOWELL, IN 46356		17. Check only if applicable and of Debtor is a Trust or Trust 18. Check only if applicable and of the only of t	stee acting with res	pect to prop	erty held in trust or D	ecedent's Estate