

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

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

N

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 AUG -2 PM 12:48

MICHAEL A BROWN
RECORDER

2005 000690

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 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
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 W 203RD AVENUE		CITY LOWELL	STATE IN	POSTAL CODE 46356
2d. TAX ID #: SSN OR EIN	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

4. This FINANCING STATEMENT covers the following collateral:

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

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) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

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

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MICHAEL A. BROWN
REC. CLERK

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 WEST 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

NONE

12. ADDITIONAL SECURED PARTY'S or 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:

THE SOUTH 1/2 OF THE NW 1/4 OF THE SE 1/4 OF SECTION 5, TOWNSHIP 32 N, RANGE 8 W OF THE 2ND P.M., IN LAKE COUNTY, INDIANA EXCEPTING THEREFROM THE W 207.43 FEET OF THE S 420 FEET

16. Additional collateral description:

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 203RD AVE
LOWELL, IN 46356

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.