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MICHAEL A. TOOMN RECORD M

POSTAL CODE

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COUNTRY

U.S.

2005 000800 UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company P.O. Box 591 Wilmington, DE 19899 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insertonly one debtor name (1e or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME OR 15. INDIVIDUAL SLASTNAME MIDDLE NAME SUFFIX FIRST NAME 1c. MAILING ADDRESS 1125 S. Walnut Street IN 46619 South Bend U.S. ADD'L INFO RE OF ORGANIZATION OF ORGANIZATION Limited Liability Co. 1d. SEE INSTRUCTIONS 11. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any Indiana 2005011800482 NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine name 2a. ORGANIZATION'S NAME OR 26. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME el leely 2c. MAILING ADDRESS STATE POSTAL CODE СПУ COUNTRY ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 2. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any 2d. SEE INSTRUCTIONS NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insert only png secured party name (3a or 3b) Laurus Master Fund, Ltd. 36. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

c/o Laurus Capital Management, LLC 825 Third Ave., 14th Fl. 4. This FINANCING STATEMENT covers the following collateral:

All assets and personal property of the Debtor, whether now owned and/or hereafter acquired.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUY	ER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL T. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (aDDITIONAL FEE)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	
IN - Lake County	578522/006

New York