

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**2005 000629**

**Corporation Service Company**  
**1133 Avenue of the Americas**  
**Suite 3100**  
**New York, NY 10036**

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

2005 SEP -8 PM 1:24

MICHAEL A. BROWN  
 RECORDER

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<br><b>Lakeside Energy LLC</b>   |  |                                   |   |  |
| OR  |  |                                   |   |  |
| 1b. INDIVIDUAL'S LAST NAME                              |  | FIRST NAME                        | MIDDLE NAME   | SUFFIX   |
| 1c. MAILING ADDRESS<br><b>2000 York Road, Suite 129</b> |  | CITY<br><b>Oak Brook</b>          | STATE<br><b>IL</b>                                    | POSTAL CODE<br><b>60523</b>                        |
| 1d. SEE INSTRUCTIONS                                    |  | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br><b>Limited Liability*</b> | 1f. JURISDICTION OF ORGANIZATION<br><b>Indiana</b> |
|   |  |                                   | 1g. ORGANIZATIONAL ID #, if any<br><b>1994050620</b>  | <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 |  | FIRST NAME                        | MIDDLE NAME                     | SUFFIX                           |
| 2c. MAILING ADDRESS        |  | CITY                              | STATE                           | POSTAL CODE                      |
| 2d. SEE INSTRUCTIONS       |  | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION        | 2f. 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<br><b>Lehman Commercial Paper, Inc., as Administrative Agent</b> |  |                         |                    |                             |
| OR   |  |                         |                    |                             |
| 3b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME              | MIDDLE NAME        | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>745 Seventh Avenue</b>   |  | CITY<br><b>New York</b> | STATE<br><b>NY</b> | POSTAL CODE<br><b>10019</b> |
|  |  |                         |                    | COUNTRY<br><b>USA</b>       |

**4. This FINANCING STATEMENT covers the following collateral:**

**All goods that are or are to become fixtures of the Debtor whether now owned or hereafter acquired.**

\*Company

|   |  |                     |  |              |          |                |
|---|--|---------------------|--|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:   | LESSEE/LESSOR  | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR  | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> 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] |                     | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] |              |          |                |
|   |  |                     | All Debtors  | Debtor 1     | Debtor 2 |                |

8. OPTIONAL FILER REFERENCE DATA

**Indiana - Lake County** **584494-1**