	G STATEMENT AMENDN	MENT	STATE OF IND LAKE COUN FILED FOR RE	YTY
	IS (front and back) CAREFULLY CONTACT AT FILER [optional]	2005 000839	2005 SEP 12 PI	
, SEND ACKNOWLEDG	GMENT TO: (Name and Address)			
CENTIER	I D A NIZ	$\neg$	MICHAEL A. B	ROWN
CENTIER 600 E. 847			RECORDE	
	LVILLE, IN 46410			
WEIGGE	SVIDDE, IIV 10110			
			204 OF 10 FOR EU INO OFFICE US	T ONLY
a. INITIAL FINANCING STA	TEMENT FILE#	THE ABOVE	SPACE IS FOR FILING OFFICE US 1b. This FINANCING STATEME	NT AMENDMEN
2000003138		above is terminated with respect to security interest(s) of	to be filed [for record] (or record) REAL ESTATE RECORDS.	
Also check one of the follo	Y INFORMATION): This Amendment affects owing three boxes and provide appropriate informa address: Please refer to the detailed instructions	tion in items 6 and/or 7.	10196-1244 Vertilella 10000	7b, and also item
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:		to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, and also item 7c also complete items 7e-7g (if applicable).	
6a. ORGANIZATION'S	NAME			
HAPPY DAY	YS OF MERRILLVILLE, II	NC.	MIDDLE NAME	SUFFIX
5070124153908157575				
CHANGED (NEW) OR A				<u> </u>
7a. ORGANIZATION'S N	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	NAME	FIRST NAME  CITY	MIDDLE NAME  STATE   POSTAL CODE	SUFFIX COUNTR'
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS SEE INSTRUCTIONS	ADD'L INFO RE   7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR	спу		COUNTR
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST 7b. INDIVIDUAL'S LAST . MAILING ADDRESS  AMENDMENT (COLL) Describe collateral de	ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    ATERAL CHANGE): check only one box.   sleted or   added, or give entire   restated.	ON 7f. JURISDICTION OF ORGANIZATION  collateral description, or describe collateral assign	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if an	COUNTR
7a. ORGANIZATION'S N  7b. INDIVIDUAL'S LAST  MAILING ADDRESS  SEE INSTRUCTIONS  AMENDMENT (COLL)  Describe collateral de	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    ATERAL CHANGE): check only one box. eleted or added, or give entire restated restated and added, or give entire restated and authorizing Debtor, or if this is a Termination authonizing Debtor, or if this is a Termination authonized.	ON 7f. JURISDICTION OF ORGANIZATION  collateral description, or describe collateral assign	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if an and an analysis and an analy	COUNTR

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