UCC FINANCING STATEMENT		LAKE COUNTY	
A. NAME & PHONE OF CONTACT AT FILER [optional] TONI L. LOOMIS, (219)942-1175 B. SEND ACKNOWLEDGMENT TO: (Name and Address))5 000841	THE SEP 13 AM 8: 54	Ţ
HFS BANK, F.S.B. 555 EAST THIRD STREET HOBART, IN 46342-0487		MICHAEL A. BROWN RECORDER	£
,	THE ABOVE SPACE IS F	SPACE IS FOR FILING OFFICE USE ONLY	ĮLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) 1a. ORGANIZATION'S NAME BUILDING INDUSTRIES ASSOCIATION OF NORTHWEST INDIANA. INC.	e (1a or 1b) - do not abbreviate or combine names		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
756 NORTH MAIN STREET, SUITE C	CROWN POINT	IN 46307	USA
ORGANIZATION DEBTOR	Z	1 35-1046081	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	e debtor name (2a or 2b) - do not abbreviate	viate or combine names	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONALID #, if any	None
3. SE	S/P) - insert only one secured party name (3a or	3b)	
HFS BANK, F.S.B.			
	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
- 555 EAST THIRD STREET	HOBART	181 46242 0407	