| UCC FINANCING   | STATEMEN   |  | LAKE COUNTY<br>FILED FOR RECORD  |   |                               |  |   |  |
|---|--|--|--|---|-------------------------------|--|---|--|
| A. NAME & PHONE OF COM  |  | <del>0008</del> 78   | 2005 SEP 29 PM 1   |   |                               | 11   |   |  |
| Judi Wilson 800-205-3   | 3944 ext 1491  |  | HAVE REED IN   |   |                               |  |   |  |
| B. SEND ACKNOWLEDGEN  | MENT TO: (Name ar  | 7  | MICHAEL A. BROWN<br>RECORDER   |   |                               |  |   |  |
| Attn: Judi<br>1 P O Box 30<br>2 Alpharetta,<br>3  |  | m <del>t</del>   | _]   | THE ABOVE SPA   | ACE IS F                      | OR FILING OFFICE \   | JSE ONLY                                  |  |
| DEBTOR'S EXACT FU      1a. ORAGANIZATION'S  |  | ly one debtor name (1a or 1b)- do  | not abbreviate or combine nar  | mes   |                               |  |   |  |
| OR 16. INDIVIDUALS'S LAST NAME Wiltjer  |  |  | Paul   | MIDDLE NAME SUFFIX  |                               |  |   |  |
| 1c. MAILING ADDRESS   |  |  | CITY Gary  |   | STATE                         | POSTAL CODE  | COUNTRY                                   |  |
| 1d. TAX ID # SSN OR EIN ORGANIZATION DEBTOR   |  |  | 1f. JURISDICTION OF ORGANIZATION   |   | 1g. ORGANIZATION ID #, if any |  |   |  |
| 2. ADDITIONAL DEBTOR  | S EXACT FULL LEG   | GAL NAME – insert only one debto   | or name (2a or 2b)- do not abb   | eviate or combine na  | mes                           |  |   |  |
| 2a. ORGANIZATION'S  |  |  |  |   |                               |  |   |  |
| E.R.I. Housing, Inc. 2b. INDIVIDUAL'S LAST NAME   |  |  | FIRST NAME   |   | MIDDLE NAME                   |  | SUFFIX                                    |  |
| 2c. MAILING ADDRESS   |  |  | CITY   |   | STATE                         | POSTAL CODE  | COUNTRY                                   |  |
| 3212 Elkha  |  | Goshen 2f. JURISDICTION OF ORGANIZATION  |  | IN 46526  |                               |  |   |  |
| 20. TAX 10 # 55N OR EIN   | O. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION Corp |  | 2f. JURISDICTION OF ORGANIZATION   |   | 2g. ORGANIZATION ID #, if any |  |   |  |
| 3. SECURED PARTY'S N  | IAME (or NAME of T   | OTAL ASSIGNEE of ASSIGNOR  | S/P) - insert only one secured   | l party name (3a or 3b  | )                             |  |   |  |
| 3a. ORGANIZATION'S  | NAME   |  |  |   |                               |  |   |  |
| Textron Financial Corporation  3b. INDIVIUAL'S LAST NAME  |  | FIRST NAME   |  | MIDDLE NAME   |                               | SUFFIX   |   |  |
| 3c. MAILING ADDRESS   | <u> </u>   |  | CITY   |   | STATE                         | POSTAL CODE  | COUNTRY                                   |  |
| P O Box 3090  |  |  | Alpharetta   |   | GA                            | 30023  | USA                                       |  |
| 4. This FINANCING STATEM  | ENT covers the folio   | owing collateral:  | Apriaretta   |   | ŲΛ                            | 00020  |   |  |
| goods are or may be and incorporated he following goods:  Fairmont M. \$48,205.00  Secured Party claims | pecome fixtur<br>derein by refer<br>[anufactured ]<br>s a purchase mo                  | as a fixture filing with<br>es upon that certain rea<br>ence. Without limiting<br>Home, model number E | al property that is more gethe foregoing, the S Foxwood LE, serial the collateral. Notice is | ore particularly<br>collateral cove<br>I number 55934<br>s hereby given the | descripted by                 | bed on Addendung<br>this fixture filing<br>Secured Party's particular<br>a violation of Secure | m # 14 hereto includes the payoff amount: |  |
| Records, Lake Cou   |  | eeds from such sale are n  | or pare to secured Par   | .y. 1 mis nature  | ming i                        | s to be then with t  | ne Real Estate                            |  |
|   |  | LESSEE/LESSOR CONSI  | GNEE/CONSIGNOR D BAIL  | EE/BAILOR SELL  | .ER/BUYE                      | R 🗌 A.G. LIEN 🗌 NOM  | V-UCC FILING                              |  |
|   | TEMENT is to be fil  | ed {for record} (or recorded in t  | - 01 1 . DEQUEST   |   | ) on Debto                    | or (S)   | Debtot1 Debtor 2                          |  |
| 8. OPTIONAL FILER REFER   | ENCE DATA  |  |  |   |                               |  |   |  |

| . 1974 | ME OF FIRST DEBTOR (1a or 1b) ON<br>9a. ORGANIZATION'S NAME | RELATED FINANCING STA | NI EMEN!              |  |
|--------|---|-----------------------|-----------------------|--|
| OR     |   | 2 GIDETIAME SUPIR     |                       |  |
|        | 9b. INDIVIDUAL'S LAST NAME Wiltjer                          | FIRST NAME Paul       | C WINDLE HAME GUEFIX) |  |

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 SEP 29 PM 1: 11

MICHAEL A. BROWN RECORDER

|  |   |   | THE ABOVE S      | SPACE IS FOR FILING OF       | EICE HSE ON V |
|--|---|---|------------------|------------------------------|---------------|
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL 11a. ORGANIZATION'S NAME  | L NAME, insert only <u>one</u> name (11ao   | r11b) .do not abbreviate or combine nar |                  | SEACE IS FOR FILING OF       | PICE USE ONLY |
| OR<br>11b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                                  | NAME             | SUFFIX                       |               |
| 11c. MAILING ADDRESS   | CITY STATE POS  |   | POSTAL CODE      | COUNTRY                      |               |
| 11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR  | 11e. TYPE OF ORGANIZATION   | 11 I. JURISDICTION OF ORGA              | NIZATION 11g. OR | <br>GANIZATIONAL ID #, if an | y             |
| 12. ADDITIONAL SECURED PARTY'S or  | - insert only <u>one</u> name (12a or 12b)  |   | _                |                              |               |
| 12a. ORGANIZATION'S NAME   | <del></del>   |   |                  |                              |               |
| 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 collateral, or is filed as a ☒ fixture filing.  14. Description of real estate:  4140 Ross Road  Gary, IN 46408 | ut or as-extracted  | 16. Additional collateral description;  |                  |                              |               |
|  |   |   |                  |                              |               |
| 15. Name and address of a RECORD OWNER of above-desc<br>(If Debtor does not have a record interest):<br>Paul Wiltjer<br>4140 Ross Road                             |   |   |                  |                              |               |
| Gary, IN 46408   | 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 |   |                  |                              |               |
| [Notice: The above-listed recor as a Debtor under Item 1 of this   | 18. Check only if applicable and chec   |   |                  |                              |               |
| indexing purposes only and is n<br>Secured Party.]   | Filed in connection with a Manufactured-Home Transaction effective 30 years  Filed in connection with a Public-Finance Transaction effective 30 years |   |                  |                              |               |

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)