				LAH	OF INDIANA KE COUNTY	
100 51114110111	O OTATEMENT AMENI	DMENT		FILED	FOR RECORD	
OLLOW INSTRUCTION	G STATEMENT AMEN IS (front and back) CAREFULLY CONTACT AT FILER [optional]	The state of the s	00911	2005 OCT	17 PM 3:37	
A. NAME & FIONE OF	CONTACT AT FILER (optional)	2000		F 4101 10	I A DOOMN	
B. SEND ACKNOWLED	GMENT TO: (Name and Address)				MICHAEL A. BROWN RECORDER	
CENTIER	RBANK	1		1,		
600 E. 84	TH AVE.					
MERRIL	LVILLE, IN 46410					
La contraction						
- See	attachiel		THE ABOVE	SPACE IS FOR FILING O	SEELOE LIBE ONLY	
a. INITIAL FINANCING STA	TEMENT FILE #		THE ABOVE	1b. This FINANCING	STATEMENT AMENDMENT is	
306685				REAL ESTATE R		
-	ffectiveness of the Financing Statement iden Effectiveness of the Financing Statement id		ALL DESCRIPTION OF THE PARTY OF		NATIONAL PROPERTY OF THE PARTY	
	itional period provided by applicable law.	dentified above with respect to se	curry interest(s) of the Sect	ared Party authorizing this Co	ntinuation Statement is	
ASSIGNMENT (full	or partial): Give name of assignee in item 7	a or 7b and address of assignee in	n item 7c; and also give nam	e of assignor in item 9.		
	Y INFORMATION): This Amendment aff		d Party of record. Check on	ly one of these two boxes.		
CHANGE name and/or	owing three boxes <u>and</u> provide appropriate in address: Please refer to the detailed instruction	s DELETE name	: Give record name	ADD name: Complet	te item 7a or 7b, and also item 7c; 7e-7g (if applicable).	
. CURRENT RECORD IN	the name/address of a party. IFORMATION:	to be deleted in	n item 6a or 6b.	also complete items	7e-7g (if applicable).	
6a. ORGANIZATION'S						
R. HARKER	CONSTRUCTION CONTRACTOR CONTRACTO	MPANY, INC	*	MIDDLE NAME	SUFFIX	
. CHANGED (NEW) OR		'		<u>'</u>		
7a. ORGANIZATION'S	NAME					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		SUFFIX	
c. MAILING ADDRESS		CITY		STATE POSTAL CO	COUNTRY	
. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGAN	IZATION 7f. JURISDICTION	N OF ORGANIZATION	7g. ORGANIZATIONAI	LID#, if any	
	ORGANIZATION DEBTOR				Пиом	
A STATE OF THE PARTY OF THE PAR	ATERAL CHANGE): check only one box.		scribe collateral assign	ed.		
	PARTY of RECORD AUTHORIZING					
	authorizing Debtor, or if this is a Terminatio			DEBTOR authorizing this Ame		
CENTIER B						
9b. INDIVIDUAL'S LAST		FIRST NAME		MIDDLE NAME	SUFFIX	
1	1	I		I	I	

10.OPTIONAL FILER REFERENCE DATA