CC FINANCING STATEMENT AMEND	MENT			STATE OF LAKE FILED FO	FINDIANA COUNTY OR RECORD
DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  UCC Filing Desk - (651) 227-7575	2005	000958		2005 NOV -	3 PH 12: 2
US CORPORATE SERVICES/CSC					A. BROWN DRDER
PO Box 65607					
St. Paul, MN 55165 Lee alladmeb/MM2	98467 _	THE ABOVE SP		R FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE # 91000823	3/8/91		to be	FINANCING STATEMEN  e filed (for record) (or record)	
TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated with res	pect to security interest(s) of the		L ESTATE RECORDS.  by authorizing this Termina	tion Statement.
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law.					
ASSIGNMENT (full or partial): Give name of assignee in item 7a c	or 7h and address of assignee	in item 7c: and also give name o	af assignor in i	tem 9	
AMENDMENT (PARTY INFORMATION): This Amendment affect		d Party of record. Check only o			_
Also check one of the following three boxes and provide appropriate information		,			
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new ss change) in item 7c.	DELETE name: Give record nam o be deleted in item 6a or 6b.	ne ADI	D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicabl
CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
R GB. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	NAME.	SUFFIX
S. INDIVIDUAL S ENGT TO ME	THOTTIME				33.7
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME				_	
R - Washington and the same	12.77.7				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	NAME	SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. IWAILING ADDRESS	Cirr		GUATE	I GOTAL GODE	
	7 11010	N OF ORCANIZATION		   NIZATIONAL ID #, if any	
	ATION 7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGA	WILL TO ITAL ID IF, II dily	
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ORGANIZATION DEBTOR	THON M. JURISDICTIO	NOPORGANIZATION	7g. ORGA	THE TOTAL ID #, II dily	NO
ORGANIZATION DEBTOR			7g. ORGA		NO
ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.			7g. ORGA		NO
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ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restate	ed collateral description, or de	scribe collateral assigned.	ent). If this is	an Amendment authorized	
ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restate.	ed collateral description, or de	scribe collateral assigned.	ent). If this is	an Amendment authorized	
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restate.  NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination as a Corganization's NAME.	ed collateral description, or de	scribe collateral assigned.	ent). If this is	an Amendment authorized	
NAME OF SECURED PARTY OF RECORD AUTHORIZING Tadds collateral or adds the authorizing Debtor, or if this is a Termination of SBANK, NATIONAL ASSOCIA	ed collateral description, or de	scribe collateral assigned.	ent). If this is 3TOR author	an Amendment authorized izing this Amendment.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING To adds collateral or adds the authorizing Debtor, or if this is a Termination at 9a. ORGANIZATION'S NAME  US BANK, NATIONAL ASSOCIA	ed collateral description, or de	scribe collateral assigned.	ent). If this is	an Amendment authorized izing this Amendment.	

UCC FINANCING STATEM FOLLOW INSTRUCTIONS (front and bac		IENT ADDENDUM	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 2005 000958			2005 NOV -3 PH 12: 27
12. NAME OF PARTY AUTHORIZING T 12a. ORGANIZATION'S NAME US BANK, NATIONA		s item 9 on Amendment form)	MICHAEL A. BROWN RECORDER
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	HECONDER
13. Use this space for additional informat	ion	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE ONLY

DEBTOR: DYER AUTO AUCTION INC 641 JOLIET STREET BYER, INDIANA 46311
SECURED PARTY: US BANK NATIONAL ASSOCIATION 410 N. MICHIGAN AVENUE CHICAGO, IL 60611
SEE ATTACHED EXHIBIT A

SSS 097121/6542V

## EXHIBIT "A'

## Legal Description

bots 1 and 2, Dyer Auto Auction Addition, to the Town of Dyer, as shown in Plat Book 63, page 4, in Lake County, Indiana.

2005 000958

MICHAEL A BROWN

10/28/05 FRI 10:41 [TX/RX NO 8326]