A. 1	LLOW INSTRUCTION NAME & PHONE OF CON Phone: (800)	TACT AT FILER [opti			1.			STATE OF IND	IAA.
				705 0 009		LAKE COUNTY FILED FOR RECORD 2005 NOV -3 PM 2: 02			
	1		, !	889757 NIN FIXTUF	74	,		ICHAEL A. BR RECORDER	Olaza
_	SERTODIO EVACT ELL	SECURE APPEAR A PRO-	: Lake, IN		((h) d		and the second second	LING OFFICE USE ONLY	<u> </u>
	1a. ORGANIZATION'S MAT, L.L.C.		- insert only <u>one</u> de	btor name (1	la or 1b) - do not abbrevia	ite or combine n	ames		
OR	1b. INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 4 Granby			CITY Lake Forest		STATE	POSTAL CODE 60045	COUNTRY	
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAL Limited Liabil	ity Compa	······································	IN	2002	RGANIZATIONAL ID #, if any 02071200052	
2. A	ADDITIONAL DEBTOR 2a. ORGANIZATION'S N		EGAL NAME - inse	ert only <u>one</u> o	debtor name (2a or 2b) - d	o not abbreviate	or combine r	names	
OR	2b. INDIVIDUAL'S LAST	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
2c. N	MAILING ADDRESS				CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
2d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR			2f. JURISDICTION OF ORGANIZATION		2g. ORG	2g. ORGANIZATIONAL ID #, if any	
3. S	3a. ORGANIZATION'S N	AME (or NAME of		of ASSIGN	OR S/P) - insert only one	secured party na	ame (3a or 3b)	
OR		Citizens Financial Services, FSB 3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX	
	MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
	00 East Joliet St.	ENT covers the follow	ing collateral:		Dyer		IN	46311	
limi dep and	ited to all contract ri	ghts and procee ey, and down pa prepared in conr	ds of real estate yments. All rights nection with the F	contracts re of Borrow Real Proper	onsisting of a commer egarding said real prop er and Grantor, if any, ty, and all inventory, e	erty, including	but not limit	ted to all rights, und	er said contra
	·					:			
6. [THERNATIVE DESIGNATION This FINANCING STATE RECORDS. PTIONAL FILER REF	TEMENT is to be filed Attach Addendum	LESSEE/LESSOR (for record) (or record		L 7. Check to REQUEST		SELLER/BU (S) on Debtor(s	\	NON-UCC FIL

98. ORGANIZATION'S NAME	1a or 1b) ON RELATED FINANCING	STATEMENT	STATE O	F INDIANA		
MAT, L.L.C. 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	2005 000	FILED FO	COUNTY OR RECORD		
897574-40-1		2005 000 67		3 PH 2: 03		
ile with: Lake, IN		The state of the s	ABOVE SPACE IS FOR FILING OFFICE I	NUDEK		
118. ORGANIZATION'S NAME	RACT FULL LEGAL NAME - INSERT OF	nly one name (11a or 11b) - do not abbreviate	or combine names			
11b. INDIVIDUAL'S LAST NAM		FIRST NAME	MIDDLE NAME	SUFFIX		
C MAILING ADDRESS		СПУ	STATE POSTAL CODE	COUNTRY		
OR	OL INFO RE 116. TYPE OF ORGANIZATION BTOR	TION 111, JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL IO	118. ORGANIZATIONAL ID #, If any		
ADDITIONAL SECURE		S/P's NAME - Insert only one name (12a or 1)	2b)			
126. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX		
C. MAILING ADDRESS		CITY	STÂTE POSTAL CODE	COUNTRY		
Description of real estate: escription: Lot 5 in Che the Town of Dyer, as p	overs imber to be cut or as-an author in as an author in a author	lat				
. Name and address of a RECORD (If Debigr does not have a record	OWNER of above-described real estate dinterest):	17. Check only if applicable and check only Debter is a Trust or Trustee acting		or Decodeni's Esial		

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