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SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 351064 IBOFA23 UCC Direct Services 6889096.2 P.O. Box 29071 Glendale, CA 91209-9071 FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE O ININ FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE O RECORDE TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termina CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Termina Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give name. DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name. ADD name: Complete item 7a or DELETE name: Give record name.	TIONS (front and back) CAREFULLY SONTACT AT FILER (potional) Phone (800) 331-3282 Fax (818) 662-4141 Phone (800) 331-3282 Fax (818) 662-4141 EMENT TO: (Name and Mailing Address) 351064 IBOFA23 EMENT TO: (Name and Mailing Address) 351064 IBOFA23 AMICHAEL A. GROWN RECORDER MICHAEL A. GROWN RECORDER MICHAEL A. GROWN RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY IS 15. This FINANCING STATEMENT AMENDMENT IN both filter for recorded in the security interest(s) of the Secured Party authorizing this Termination Statement address of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is additional period provided by applicable law. (full or partiall): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9. TYT INFORMATION): This Amendment affects Debtor og X Secured Party of record Check only one of these two boxes. He following three boxes and provide appropriate information in items 6 and/or . DELETE name: Give record name DELETE name: Complete item 7a or 7b, and also give name of assignor in item 9. DELETE name: Give record name DELETE name: Complete item 7a or 7b, and also give name of assignor in item 7a or 7b and address of the security interest (ive record name DELETE name: Give record name DELETE name:				3			I	*
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	INITIAL FINANCING STATEMENT F 001172 04-04-96 CC IN L		2005 and no a	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
12. N	IAME of PARTY AUTHORIZING THIS AM 12a. ORGANIZATION'S NAME Bank of America Illinois, not individu			2005 NOV 15 AM 10: 09
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	MICHAEL A. BROWN RECORDER

___ Description: NO EXHIBIT NEEDED PER COUNTY

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY