



LAKE COUNTY  
FILED FOR RECORDS

2005 NOV 22 11:48

MICHAEL A. BROWN  
RECORDER

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)  
**Kelly Semancik (219) 462-2819**

FILING OFFICE ACCT # **2005 001034**

B. RETURN TO: (Name and Address)

**Farm Credit Services  
 PO Box 1160  
 Valpariaso, IN 46384**

*all attachments*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME <b>Bruce</b>	FIRST NAME <b>Kyle</b>	MIDDLE NAME <b>S</b>	SUFFIX
--	---------------------------	-------------------------	--------

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed.)  UNLAPSED

2b. COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c. SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

Also search; Bruce, Renee, M. - no records found on Renee Bruce

*11/22/05*

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a.  Pick Up

4b.  Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 MAY 16 PM 3:55

MORRIS W. CARTER  
RECORDER



0002 000698

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
FARM CREDIT SERVICES	
P O BOX 1160	
VALPARAISO	IN 46383-1160

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BRUCE	KYLE	S	
1c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
P.O. BOX 308		LAKE VILLAGE	IN   46349-0000   USA
1d.	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
		INDIVIDUAL	IN
			1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BRUCE	RENEE	M	
2c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
P.O. BOX 308		LAKE VILLAGE	IN   46349-0000   USA
2d.	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
		INDIVIDUAL	IN
			2g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME			
FARM CREDIT SERVICES OF MID-AMERICA, PCA			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
P O BOX 34390		LOUISVILLE	KY   40232-4390   USA

4. This FINANCING STATEMENT covers the following collateral:  
Collateral described as follows, including but not limited to collateral located in LAKE County, Indiana: AG Chemi 660 Self Propelled Field Sprayer

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> THIS FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE Records. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1)(REV. 07/29/98)

700

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 APR -4 AM 9:20

MORRIS W. CARTER  
RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
FARM CREDIT SERVICES	
P O BOX 1160	
VALPARAISO	IN 46383-1160

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S LAST NAME BRUCE		FIRST NAME KYLE	MIDDLE NAME S	SUFFIX	
1c. MAILING ADDRESS P.O. BOX 308		CITY LAKE VILLAGE	STATE IN	POSTAL CODE 46349-0000	COUNTRY USA
1d.	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION INDIVIDUAL	1f. JURISDICTION OF ORGANIZATION IN	1g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR					
2b. INDIVIDUAL'S LAST NAME BRUCE		FIRST NAME RENEE	MIDDLE NAME M	SUFFIX	
2c. MAILING ADDRESS P.O. BOX 308		CITY LAKE VILLAGE	STATE IN	POSTAL CODE 46349-0000	COUNTRY USA
2d.	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION INDIVIDUAL	2f. JURISDICTION OF ORGANIZATION IN	2g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF MID-AMERICA, PCA					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS P O BOX 34390		CITY LOUISVILLE	STATE KY	POSTAL CODE 40232-4390	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

Collateral described as follows, including but not limited to collateral located in LAKE County, Indiana: All crops growing, grown or to be grown on real estate and all harvested crops and all processed crops, whether or not produced by Borrowers/Debtors.

CORN ONLY

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> THIS FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE Records. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	

8. OPTIONAL FILER REFERENCE DATA

FLILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT (FORM UCC1)(REV. 07/29/98)

Debtor(s) (Last Name First) and Address(es) BRUCE, KYLE 11003 WEST 219TH AVENUE LOWELL IN 46356	Secured Party(ies) and Address(es) LAFAYETTE BANK & TRUST CO P O BOX 1130 LAFAYETTE IN 47902	For Filing Officer (Date, Time, and Location of Filing Office) 2000 003624 2000 DEC 29 PM 12:57 OFFICE OF THE RECORDER OF DEEDS LAKE COUNTY, INDIANA
This Financing Statement covers the following types (or items) of property (include description of real estate when collateral is crops)  1997 RO GATOR SPAYER MODEL 554 SERIAL #5501977	Name and Address of Assignee of Secured Party	

Products of Collateral are also covered. (See IC 26-1-9-315)

Debtor is a transmitting utility (See IC 26-1-9-105)

Filed with:  Secretary of State

Recorder of LAKE

By: LAFAYETTE BANK & TRUST CO  
*Colleen D. Henry*  
 Signature of Debtor (or Secured Party in cases covered by IC 26-1-9-402(2))

Collateral was brought into this state subject to a security jurisdiction or the Debtor's location has been changed to this state.  
 Filed in accordance with a security agreement signed by the Secured Party to file this statement.

**(1) FILING OFFICER COPY - ALPHABETICAL**

State Form 36751  
FORM UCC-1-INDIANA UNIFORM COMMERCIAL CODE

Approved by Indiana

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 MAY 28 PM 3:41

MORRIS W. CARTER  
RECORDER

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY **2002-000744**

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LAFAYETTE BANK & TRUST CO  
PO BOX 1130  
LAFAYETTE, IN 47902

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **2000003624**  
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the  REAL ESTATE RECORDS.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  
3.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  
5. **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 new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  DELETE name: Give record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**  
6a. ORGANIZATION'S NAME  
OR  
6b. INDIVIDUAL'S LAST NAME **BRUCE** FIRST NAME **KYLE** MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**  
7a. ORGANIZATION'S NAME  
OR  
7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any  NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.