1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbrevia. OR 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbrevia. OR 1a. ORGANIZATION'S NAME JK Graphics Inc. OR 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 10.27 E. Summitt St. Crown Poir		ACE IS FO		O PH 2: 1 A. BROWN DRDER
Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 Filed In: Indiana Lake DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreve 1a. ORGANIZATION'S NAME JK Graphics Inc. 1b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS CITY Crown Poir C. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION		ACE IS FO	MICHA <u>EL</u> RECO	A. BROWN ORDER
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreve 1a. ORGANIZATION'S NAME JK Graphics Inc. 1b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 1027 E. Summitt St. d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION		ACE IS FO	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NAME JK Graphics Inc. 1b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS CITY 1027 E. Summitt St. c. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION				
JK Graphics Inc. 1b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 1027 E. Summitt St. d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION				
16. INDIVIDUAL'S LAST NAME FIRST NAME C. MAILING ADDRESS CITY 1027 E. Summitt St. Crown Poir C. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION				
1027 E. Summitt St. d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION		MIDDLE NAME SUFFIX		SUFFIX
	nt	STATE	POSTAL CODE 46307	COUNTRY
35-2098418 ORGANIZATION COrp. IN	OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any 2000010400176		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)	- do not abbreviate or combine n	names		Home
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME FIRST NAME	FIRST NAME		MIDDLE NAME SU	
: MAILING ADDRESS CITY		STATE	POSTAL CODE	COUNTRY
ORGANIZATION	OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one	secured party name (3a or 3b)			NON
3a. ORGANIZATION'S NAME Community South Bank				
R 3b. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE	NAME	SUFFIX
	MAN TO THE RESERVE OF THE PARTY			
: MAILING ADDRESS 625 S. Gay Street, Suite 450 Knoxville		STATE	POSTAL CODE 37902	COUNTRY
. This FINANCING STATEMENT covers the following collateral: Purchase Money Security Interest in all equipment of Debtor purchased from American Market (and the purchased from Marke	, Accounts, Accounts Re	ceivable	, Chattel Paper and	ss, US Bancorp
ot 16, Block 3, in Dwiggin's Addition to Griffith, as per plat thereof, recorded in Plandiana (commonly known as 121 S. Broad Street, Griffith, Indiana 46319); and	t Book 2, page 68, in the	e Office o	of the Recorder of La	ake County,
The North 330 feet of the East 100 feet of the West 1588.25 feet of the Southwest	1/4 of Section 4. Townsh	nin 24 No	orth Bango 9 Woot	of the Cocond
Principal Meridian, in the City of Crown Point, Lake County, Indiana (commonly kn				