

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JAN -3 PM 4:20

MICHAEL A. BROWN
RECORDER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2007 000007

A. NAME & PHONE OF CONTACT AT FILER (optional)
TONI LOOMIS (219)942-1175

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

MAINSOURCE BANK - HOBART
555 EAST THIRD STREET
HOBART, IN 46342-0487

See attachment

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
LOZA		PATRICIA		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
3106 HUNTINGTON AVENUE		HOBART	IN	46342
1d. TAX ID #:	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
				1g. ORGANIZATIONAL ID #, if any
				<input 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
ALMARAZ		JORGE		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID #:	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any
				<input 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				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAINSOURCE BANK - HOBART				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
555 EAST THIRD STREET		HOBART	IN	46342-0487

4. This FINANCING STATEMENT covers the following collateral:
ALL OF THE PERSONAL PROPERTY AND FIXTURES LOCATED ON THE PROPERTY, THE LEGAL DESCRIPTION OF WHICH IS ATTACHED HERETO, MADE A PART HEREOF, INCLUDING ACCESSIONS, ACCESSORIES AND REPLACEMENTS, AND PROCEEDS THEREOF, INCLUDING TORT AND INSURANCE CLAIMS.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. 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) (optional) All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA
27-1272103

THE WEST HALF OF THE TRACT OF LAND DESCRIBED AS THAT PART OF THE WEST HALF OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 18, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, BOUNDED ON THE NORTH SIDE BY THE SOUTH LINE OF CENTRAL AVENUE AND BOUNDED ON THE SOUTH SIDE BY THE NORTH LINE AND THE EXTENSIONS OF SAID NORTH LINE EAST AND WEST OF BLOCK 16 IN SECOND SUBDIVISION OF EAST GARY, NOW KNOWN AS LAKE STATION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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