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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JAN -4 AM 11:14

MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT AT FILER [optional]

2007 000010

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Brookview Rehab Funding, LLC
2321 Whitney Ave.
Hamden, CT 06518

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

OR

1a. ORGANIZATION'S NAME:
Crown Investments, LLC

1.b INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

1c. MAILING ADDRESS: CITY STATE POSTAL CODE COUNTRY
753 West Elizabeth Drive Crown Point IN 46307 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any NONE

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

OR

2a. ORGANIZATION'S NAME:

2.b INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

2c. MAILING ADDRESS: CITY STATE POSTAL CODE COUNTRY
CITY STATE POSTAL CODE COUNTRY
USA

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any NONE

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

OR

3a. ORGANIZATION'S NAME:
Brookview Rehab Funding, LLC

3.b INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: CITY STATE POSTAL CODE COUNTRY
2321 Whitney Ave. Hamden CT 06518 USA

4. This FINANCING STATEMENT covers the following collateral:

All fixtures, furniture, furnishings, materials, supplies, equipment, goods, machinery, general intangibles, inventory and all other personal property of any kind whatsoever now or hereafter located upon any part of the property described below (the "Property"), in which Debtor, or Debtor's heirs, successors or assigns, now has, or at any time hereafter acquires an interest, which now or at any time hereafter are either a part of the Property or are situated in, on or about the Property, or are acquired or delivered to the Property and/or utilized in connection with the operation of the Property, or are acquired or delivered to the Property for use or incorporation in the construction of any improvements on the Property, including any and all:

i. partitions, window screens and shades, drapes, rugs and other floor coverings, awnings, motors, boilers, furnaces, pipes, plumbing, sprinkler systems, fire extinguishing apparatus and systems, maintenance equipment, water tanks, hot water heaters, heating, ventilating, incinerating, air conditioning and air cooling equipment and systems, gas and electric machinery, including without limitation the types of collateral (if not described above) as described in a certain Construction Mortgage Deed and Security Agreement of even date from the Debtor for the benefit of Secured Party:

See additional collateral description on Addendum (Form UCC1Ad) attached hereto

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-

6. This FINANCING STATEMENT is to be filed (for record) in the REAL

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [ADDITIONAL FEE] [optional]

8. OPTIONAL FILER REFERENCE DATA
Loan No. R02132

*ok #4273
900*

UCC FINANCING STATEMENT ADDENDUM
 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a ORGANIZATION'S NAME			
Crown Investments, LLC			
OR	9b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

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 RECORDER

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10. MISCELLANEOUS:

Attached as an Addendum to a Financing Statement of the same date from the Debtor(s) to Brookview Rehab Funding, LLC, as Secured Party.

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME:						
OR	11.b INDIVIDUAL'S LAST NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:	
11c. MAILING ADDRESS:			CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE		

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12 a or 12b)

12a. ORGANIZATION'S NAME:						
OR	12.b INDIVIDUAL'S LAST NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:	
12c. MAILING ADDRESS:			CITY	STATE	POSTAL CODE	COUNTRY

13. this FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.
 14. Description of real estate:

See Exhibit "A" which is attached hereto and incorporated herein by reference.

15. Name and address of RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

- ii. building and construction materials and equipment, plans, specifications, drawings, licenses and permits for any improvements located or to be located on the Property;
- iii. contracts and subcontracts of any kind relating to the Property;
- iv. rentals, deposits (including tenant's security deposit) and other sums of money as may become due Debtor as landlord under any and all leases, written or verbal;
- v. funds, accounts, contract rights, instruments, documents, general intangibles and notes or chattel paper arising from or by virtue of any sale, lease or other disposition of any real or personal property described or referred to herein, including any condemnation or insurance proceeds arising out of or with respect to the Property and/or any improvements thereon, but coverage or proceeds does not authorize sale or other disposition of the Collateral;
- vi. deposits for taxes, insurance or otherwise made under any mortgage or other instrument securing payment of the indebtedness of Debtor to Secured Party; and
- vii. all products and proceeds of the Collateral, but coverage of proceeds does not authorize sale or other disposition of the Collateral.

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction - effective 30 years
- Filed in connection with a Public-Finance Transaction - effective 30 years

Loan No. R02132

12/15/06