| A NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Tauber, Westland & Jasaitis, P.C. Attn: Annette Weiner 1415 Eagle Ridge Drive Shererville, IN 46375  All ASSIGNMENT (Rull or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of as 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of party.  GLOWN INSTRUCTIONS (First Check only one Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in items 6 and/or 7.  GLANGENT RECORD INFORMATION:  Ga. ORGANIZATION'S NAME  R. CHANGED (NEW) OR ADDED INFORMATION!  Ta. ORGANIZATION'S NAME  FIRST NAME   | ured Party authorizing this Continuation State ne of assignor in item 9. nly one of these two boxes.  | ROWNER  NLY  MENDMENT d) in the   |
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| Shererville, IN 46375    Description   The Above Space   The Above | 1b. This FINANCING STATEMENT A to be filed [for record] (or recorde REAL ESTATE RECORDS.  the Secured Party authorizing this Termination ured Party authorizing this Continuation State of assignor in item 9.  | MENDMENT d) in the Statement.     |
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| 6b. INDIVIDUAL'S LAST NAME  BURCH  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  | also complete items 7 e-7 g (ii applicable  | e <sub>/.</sub>                   |
| BURCH MARVIN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   |   |                                   |
| BURCH MARVIN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   |   |                                   |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   | MIDDLE NAME   | SUFFIX                            |
| 7a. ORGANIZATION'S NAME  | E   |                                   |
|  |   |                                   |
| 7b. INDIVIDUAL'S LAST NAME FIRST NAME  |   |                                   |
|  | MIDDLE NAME   | SUFFIX                            |
|  |   |                                   |
| MAILING ADDRESS CITY   | STATE POSTAL CODE   | COUNTRY                           |
| SEEINSTRUCTIONS   ADD'L INFO RE   7e, TYPE OF ORGANIZATION   7f, JURISDICTION OF ORGANIZATION  | 7g. ORGANIZATIONAL ID #, if any   |                                   |
| ORGANIZATION   | 7g. ORGANIZATIONAL ID #, If any   |                                   |
| DEBTOR DESCRIPTION OF THE PROPERTY OF THE PROP |   |                                   |
| AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.   | and   |                                   |
| Describe conateral   Tueleted or   Tadded, or give entire   Trestated conateral description, or describe conateral   Tassigned.  | ed.   |                                   |

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

#0007563828

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LAKE COUNTY FILED FOR RECORD 2007 JAN -9 AM 9: 22 MICHAEL A. BROWN RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names 17a. ORGANIZATION'S NAME 17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **BURCH SHERRY** STATE POSTAL CODE MAILING ADDRESS COUNTRY ADD'L INFO RE 17e. TYPE OF ORGANIZATION ORGANIZATION 17d. SEE INSTRUCTIONS 17f, JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any NONE DEBTOR 18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names 18a, ORGANIZATION'S NAME 18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **DUNN JAMES** 18c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADD'L INFO RE 18e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 18g. ORGANIZATIONAL ID #, if any 18d. SEEINSTRUCTIONS 18f. JURISDICTION OF ORGANIZATION NONE 19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **DUNN** MARGARET 19c, MAILING ADDRESS STATE POSTAL CODE COUNTRY ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 19d. SEE INSTRUCTIONS 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any NONE 20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b) 20a, ORGANIZATION'S NAM 20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 20c MAILING ADDRESS CITY STATE POSTAL CODE COLINTRY 21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b) 21a ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

International Association of Commercial Administrators (IACA) FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY (FORM UCC3AP) (REV. 05/22/02)