

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JAN -9 AM 9:22

MICHAEL A. BROWN
RECORDER

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

see attachment

2007 000014

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **#2003 000978, recorded 9/19/2003, Lake County**

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: Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BURCH	MARVIN	E.	

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. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

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

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME **INTERBAY FUNDING, L.L.C.**

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
#0007563828

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
#2003 000978, recorded 9/19/2003, Lake County

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 LAKE COUNTY
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 RECORDER

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME

OR

15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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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

OR

17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
BURCH SHERRY L.

17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

17d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any NONE

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

OR

18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
DUNN JAMES

18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

18d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any 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 L.

19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

19d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 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 NAME

OR

20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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