B. SEND ACKNOWLEDGMENT TO: (Name and Address) MAINSOURCE BANK - HOBART 555 EAST THIRD STREET HOBART, IN 46342-0487 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 2002 000106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENOMENT is 2002 000106 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a; 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 fellowing three boxes and provide appropriate information in items 8 and/or 7. CHANGE amen and/or address: Give current record name in intend on a new of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b and address of an address of an address of assignee in item 7a; and also give name of assignee in item 7a or
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PRONOS OF CONTACT AT FILER (optional). TONI LOOMIS (219)942-1175 B. SEND ACKNOWLEDGMENT TO: (Name and Address) MICHAEL A., BROWN RECORDER MINISOURCE BANK - HOBART 555 EAST THIRD STREET HOBART, IN 46342-0487 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INTIAL FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INTIAL FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. This FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. This FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. The FINANCING STATEMENT FILE # 2002 000 106 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1c. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.
I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDAC EACH SOCIAL SECURITY NUMBER IS THIS DOCUMENT, UNLESS REQUIRED BY LAW JUN Johnson
20100001100
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
MAINSOURCE BANK - HOBART 96. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX
55

Bankers Systems, Inc., St. Cloud, MN Form UCC-3-LAZ 5/30/2001
FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)