A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address)				FILED FOR RECORD 2007 FEB -8 PM 3: 54		
FIRST UN 7626 W. L.	ITED BANK INCOLN HIGHWAY DRT, IL. 60423			MICHAEL A. RECORD	PM 3:54 BROWN DER	
L		THE ABOVE		OR FILING OFFICE U		
DEBTOR'S EXACT FU	LLLEGAL NAME - insertonly one debtor name (1a or 1b) - do not abbreviate or combine names	100			
	ESS NETWORK, INC.					
1b.INDIVIDUAL'SLASTNAME		FIRST NAME	MIDDLE NAME		SUFFIX	
MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY	
3313 E. 83RD	PLACE	MERRILLVILLE	IN	46410	USA	
SEEINSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	,	
	DEBTOR				N	
ADDITIONAL DEBTOR	R'S EXACT FULL LEGAL NAME - insert only <u>one of the control of the</u>	debtor name (2a or 2b) - do not abbreviate or comb	ine names			
R 25. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any			
3a. ORGANIZATION'S NA		P) - insert only one secured party name (3a or 3b)				
FIRST UNIT		FIRST NAME	MIDDLE	NAME	SUFFIX	
os. morno o chor mane		FIRST NAME	IMIODES	NAME	SOFFIX	
MAILING ADDRESS 7626 W. LINCOLN HIGHWAY		CITY ED A NIVEOD T	STATE	POSTAL CODE	COUNTRY	
		FRANKFUKI	1111	00423	USA	
MAILING ADDRESS	COLYLINGUMAN	FRANKFORT	IL	60423	US	