UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY			LAKE COUNTY FILED FOR RECORD		
A. NAME & PHONE OF CONTACT AT FILER [optional] TONI LOOMIS (219)942-1175		3.1. 2.2.2. 1. 2.2.			
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 2007 000 13		2007 FEB 15 PM 2:59			
MAINSOURCE BANK - HOBART 555 EAST THIRD STREET		MICHAEL A. BROWN RECORDER			
HOBART, IN 46342-0487		·	11200110411		
L see attachment			R FILING OFFICE USE	ONLY	
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor nam la. ORGANIZATION'S NAME	e (la or lb) - do not abbreviate or comb	ine names			
OR VINZANT PROPERTIES, LLC. 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
904 W. OLD RIDGE ROAD	HOBART	IN	46342		
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR CORPORATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	X NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or 28. ORGANIZATION'S NAME	ne debtor name (2a or 2b) - do not abbre	viate or com	bine names		
OR					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only one secured party name (3a or	36)			
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SU		
3c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
555 EAST THIRD STREET	HOBART	IN	46342-0487	COUNTRY	
	ACCESSORIES AND REPLACEMENT	S, AND PR	OCEEDS THEREOF,	INCLUDING	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE ESTATE RECORDS. Attach Addendum [if applica] OPTIONAL FILER REFERENCE DATA				tor 1 Debtor 2	
ILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FOR	M UCC1) (REV. 07/29/98)	gystems, Inc.,	St. Cloud, MN Form UCC-	1-LAZ 9/30/2001	

UCC FINANCING STATEMENT ADDENDUM LAKE COUNTY FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT FILED FOR RECORD 9a. ORGANIZATION'S NAME 2007 FEB 15 PM 2:59 OR VINZANT PROPERTIES, LLC. 2007MIDDLAMOSUFFIE 1 9b. INDIVIDUAL'S LAST NAME FIRST NAME MICHAEL A. BROWN 10. MISCELLANEOUS: RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 11c. MAILING ADDRESS POSTAL CODE COUNTRY ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11d. TAX ID #: SSN OR EIN 11g. ORGANIZATIONAL ID #. if any DEBTOR X NONE ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME insert only one name (12a or 12b) 2a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 13. This FINANCING STATEMENT covers ____ timber to be cut or ____ as-extracted 16. Additional collateral description: collateral, or is filed as a 💢 fixture filing. 14. Description of real estate: LOTS 11 TO 17, BOTH INCLUSIVE, IN BLOCK 3 IN COUNTRY CLUB ESTATES SUBDIVISION, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 41, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 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