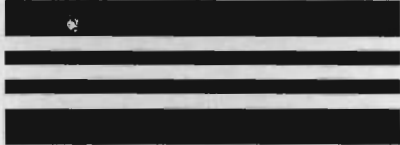


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2007 000155

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 FEB 26 PM 3:09

MICHAEL A. BROWN  
RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**JOYCE BRUNO (773) 380-7310 X-109**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CASTLE CREDIT CORPORATION  
 8430 W BRYN MAWR SUITE 750  
 CHICAGO, IL. 60631**

*see attachment*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: **PARKER**      FIRST NAME: **RICK**      MIDDLE NAME:      SUFFIX:

1c. MAILING ADDRESS: **2700 VIGO ST.**      CITY: **LAKE STATION**      STATE: **IN**      POSTAL CODE: **46405**      COUNTRY:

1d. SEE INSTRUCTIONS      ADD'L INFO RE ORGANIZATION DEBTOR      1e. TYPE OF ORGANIZATION      1f. JURISDICTION OF ORGANIZATION      1g. ORGANIZATIONAL ID #, if any       NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME: **PARKER**      FIRST NAME: **CAROL**      MIDDLE NAME:      SUFFIX:

2c. MAILING ADDRESS: **2700 VIGO ST.**      CITY: **LAKE STATION**      STATE: **IN**      POSTAL CODE: **46405**      COUNTRY:

2d. SEE INSTRUCTIONS      ADD'L INFO RE ORGANIZATION DEBTOR      2e. TYPE OF ORGANIZATION      2f. JURISDICTION OF ORGANIZATION      2g. ORGANIZATIONAL ID #, if any       NONE

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME: **CASTLE CREDIT CORPORATION**

OR

3b. INDIVIDUAL'S LAST NAME:      FIRST NAME:      MIDDLE NAME:      SUFFIX:

3c. MAILING ADDRESS: **8430 W BRYN MAWR SUITE 750**      CITY: **CHICAGO**      STATE: **IL**      POSTAL CODE: **60631**      COUNTRY:

**4. This FINANCING STATEMENT covers the following collateral:**

**WATER TREATMENT SYSTEM-TYPE OF UNIT: RAINSOFT**

**MODEL#:31006      SERIAL#:925080**

**INSTALLED AT:2700 VIGO ST. LAKE STATION, IN. 46405**

**COUNTY:LAKE**

**THIS IS A FIXTURE FILING**

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR     CONSIGNEE/CONSIGNOR     BAILEE/BAILOR     SELLER/BUYER     AG. LIEN     NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum    7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) (ADDITIONAL FEE)     All Debtors     Debtor 1     Debtor 2

8. OPTIONAL FILER REFERENCE DATA

**AM**

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2007 000 55

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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MICHAEL A. BROWN  
RECORDER

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	PARKER	RICK	

10. MISCELLANEOUS:

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	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S  or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:

**ACCOUNT NUMBER:**  
14-19-0020-0001  
14-19-0020-0002  
14-19-0020-0003

**LEGAL DESCRIPTION OF LAND:**  
CARLSON'S 1ST ADD. L.1 BL.10  
CARLSON'S 1ST ADD. L.2 BL.10  
CARLSON'S 1ST ADD. L.3 BL.10

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

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
- Filed in connection with a Public-Finance Transaction — effective 30 years

International Association of Commercial Administrators (IACA)