IODEL#:31017 SERIAL#:890989 IODEL#:21179 SERIAL#:905619 INSTALLED AT: 12843 HOBART ST CEDAR	LAKE, IN. 46303			
ATER TREATMENT SYSTEM-TYPE OF UNIT:	RAINSOFT			
This FINANCING STATEMENT covers the following collateral:	СЩСЛОО	11.	30001	
MAILING ADDRESS 430 W BRYN MAWR SUITE 750	CHICAGO	STATE	POSTAL CODE 60631	COUNTRY
3a. ORGANIZATION'S NAME CASTLE CREDIT CORPORATION 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S	SP)-insert only one secured party name (32 or 3h)			
2843 HOBART ST SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	CEDAR LAKE 21. JURISDICTION OF ORGANIZATION	IN 2g. ORG	46303 ANIZATIONAL ID #, if any	
MENDRICKX MAILING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY
2b. INDIVIDUAL'S LAST NAME	FIRST NAME THERESA	MIDDLE NAME		SUFFIX
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or com	oine names		76 =
SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f, JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	. Пм
2843 HOBART ST	CEDAR LAKE	IN	46303	
WENDRICKX MAILING ADDRESS	JAMES	STATE	TPOSTAL CODE	COUNTRY
1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE	NAME	SUFFIX
DEBTOR'S EXACT FULL LEGAL NAME - insertonly one debtor name (1a or 1		SPACE IS FO	R FILING OFFICE US	SE ONLY
8430 W BRYN MAWR SUITE 750 CHICAGO, IL. 60631 See attachment				
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		2007 MAR - 7 AH II: 25 MICHAEL A. BROWN RECORDER		

8. OPTIONAL FILER REFERENCE DATA AM International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 2007 MAR -7 AH 11: 25 2000 ENA 00 177 9b. INDIVIDUAL'S LAST NAME FIRST NAME WENDRICKX **JAMES** 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 OR 11b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX MIDDLE NAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE 11e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR 11f. JURISDICTION OF ORGANIZATION 11d. SEEINSTRUCTIONS 11g. ORGANIZATIONAL ID #. if any NONE 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 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 16. Additional collateral description: collateral, or is filed as a fixture filing. 14. Description of real estate PARCEL 003-31-25-0313-0056 KRYSTAL OAK ESTATES LOT 56 15. Name and address of a RECORD OWNER of at (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.

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

Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-H

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

UCC FINANCING STATEMENT ADDENDUM