В.	NAME & PHONE OF CONTACT AT FILER [optional] PATRICIA HOFFMAN 219-836-1649 SEND ACKNOWLEDGEMENT TO: (Name and Address PEOPLES BANK SB 9204 COLUMBIA AVE MUNSTER IN 46321	2007 (00184		2007 MAR 12 MICHAEL A RECOF	AM 8:43	
1	DERTOR'S EVACT CHILLIEGAL NAME	THE ABOVE SP ACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) -d o not abbreviate or combine in			PACE IS FOR FILING OFFICE USE ONLY		
1.	1a. ORGANIZATION'S NAME	e debtor name (1a or 1b) -d o no	ot abbreviate or combine	names			
OR	Tb. INDIVIDUAL'S LAST NAME KRYGIER	FIRST NAME ALAN		MIDDLE	NAME	SUFFIX	
	. MAILING ADDRESS 100 WINDSOR CT	SCHERERV	ILLE	STATE	POSTAL CODE 46375	COUNTRY United Sta	
1d.	. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR	IN 11. JURISDICTION (OF ORGANIZATION	1g. ORG.	ANIZATIONAL ID #, if a	any NO	
2.	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) -d o not abbreviate or combine names [2a. ORGANIZATION'S NAME]						
OR	2b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX						
10	25. INDIVIDUAL'S LAST NAME	FIRST NAME	714.7=2=====	MIDDLE NAME		SUFFIX	
2c.	MAILING ADDRESS	CITY	CITY		STATE POSTAL CODE		
2d.	SEE INSTRUCTIONS ADD'L INFO RE 26. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	ION 2f. JURISDICTION C	2f. JURISDICTION OF ORGANIZATION		L ANIZATIONAL 1D #, if a	ny Noi	
	SECURED PARTY'S NAME (or NAME of TOTAL	ASSIGNEE of ASSIGN	OR S/P) - insert only	one secured part	ty name (3a or 3b)		
	PEOPLES BANK SB						
OR	ЗЬ. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME		
	MAILING ADDRESS 04 COLUMBIA AVE	CITY MUNSTER	The state of the s		POSTAL CODE 46321	COUNTRY	
4.	This FINANCING STATEMENT covers the following collateral:						
3c. 920 4.	MAILING ADDRESS 04 COLUMBIA AVE	CITY MUNSTER EL ADDITION TO THE 8, PAGE 87 AND AMEN 8 IN THE OFFICE OF T	NDED BY CERTIFIC	STATE IN ERVILLE, L	AKE COUNTY, IN	NDIAN ECORI	