

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

A. NAME & PHONE OF CONTACT AT FILER (optional)
TONI LOOMIS (219)942-1175

2007 000208

2007 MAR 22 AM 8:50

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

MICHAEL A. BROWN
RECORDER

MAINSOURCE BANK - HOBART
555 EAST THIRD STREET
P. O. BOX 487
HOBART, IN 46342-0487

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 TNT MOTORS, INCORPORATED				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
3701 BARNES STREET		HOBART	IN	46342
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
			IN	<input checked="" type="checkbox"/> 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		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> 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				
OR MAINSOURCE BANK - HOBART				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
555 EAST THIRD STREET		HOBART	IN	46342-0487

4. This FINANCING STATEMENT covers the following collateral:

ALL INVENTORY, EQUIPMENT, FURNITURE AND FIXTURES, ACCOUNTS RECEIVABLE, AND GENERAL INTANGIBLES, OF WHATEVER KIND OR NATURE, WHEREVER LOCATED, NOW OWNED OR HEREAFTER ACQUIRED, AND ALL RETURNS, REPOSSESSIONS, EXCHANGES, SUBSTITUTIONS, REPLACEMENTS, ATTACHMENTS, PARTS, ACCESSORIES AND ACCESSIONS, THERETO AND HEREOF, AND ALL OTHER GOODS USED OR INTENDED TO BE USED IN CONJUNCTION THEREWITH, AND ALL PROCEEDS THEREOF (WHETHER IN THE FORM OF CASH, INSTRUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, ACCOUNTS OR OTHERWISE).

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 (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) All Debtors Debtor 1 Debtor 2 (Additional Fee)

8. OPTIONAL FILER REFERENCE DATA

280962407 REFILE OF 2001 001279 LAKE COUNTY

Bankers Systems, Inc., St. Cloud, MN Form UCC-1-LAZ 5/30/2001