OLLOW INSTRUCTIONS (front and back) CAREFULL' N. NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282	Fax (818) 662-4141		STAT	E OF INDIANA KE COUNTY FOR RECORD
UCC Direct Services 1 P.O. Box 29071	11 FIRST MIDWEST B 2007 (0671162 NIN	000210	2007 MAI MICHA	R 22 AH II: 0 EL A. BROWN ECORDER
	570 Str.	130 100 100 100 100 100 100 100 100 100	E IS FOR FILING OFFICE	
n. INITIAL FINANCING STATEMENT FILE # 92001985 05/22/92 CC IN Lake		1b. This FINANCING STATE to be filled [for record] (or REAL ESTATE RECORD		NT AMENDMENT is orded) in the
AMENDMENT (PARTY INFORMATION): This Amendment affer Also check one of the following three boxes and provide app CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add CURRENT RECORD INFORMATION: 6a, ORGANIZATION'S NAME BAKKER PRODUCE, INC.	ropriate information in items 6 and/or 7 6a or 6b; also give new DELETE	name: Give record name ted in item 6a or 6b.	ADD name: Complete ite item 7c; also complete ite	
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME	MIDDL	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME FIRST NAME CITY		E NAME POSTAL CODE	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGAN	FIRST NAME CITY NIZATION 7f. JURISDICTION OF ORG.	MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME CITY NIZATION 7f. JURISDICTION OF ORG. box. stated collateral description, or describe of the collateral description of the collateral descri	STATE ANIZATION 7g. ORG	POSTAL CODE GANIZATIONAL ID #, if any n Amendment authorized b	SUFFIX COUNTRY NONE