	MAILING ADDRESS 00 W Jackson Blvd. Suite 720			Chicago	STATE	STATE POSTAL CODE 1L 60606		
3b, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME				
,	3a. ORGANIZATION'S N Prime Acceptane	AME	OTHE HOOIGITE OF HOOIGITE	y- moore only one secured party	name (oa or 50)			
	SEE INSTRUCTIONS ECURED PARTY'S NA	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party	Termination of the second	SANIZATIONAL ID #, if an	yN	
*	MAILING ADDRESS			СПУ	STATE	POSTAL CODE	COUNTR	
	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
٩	2a. ORGANIZATION'S N		EGAL NAME - insert only o <u>ne</u> o	lebtor name (2a or 2b) - do not abbrevia	te or combine na	imes		
SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION			1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		y N		
: MAILING ADDRESS 642 W 79TH AV				MARRILVILLEND	STATE	POSTAL CODE 46410	USA	
	1b. INDIVIDUAL'S LAST SERROS	NAME		FIRST NAME ERIC	MIDDLE	MIDDLE NAME		
	1a. ORGANIZATION'S N		moore can your education and (11211	
	EBTOR'S EXACT FUL		CC IN Lake, IN	THE ABOVE a or 1b) - do not abbreviate or combine		ILING OFFICE USE ONL	Y	
	Glendale, CA	191209-9071 Hadhm		RE				
UCC Direct Services 107462 P.O. Box 29071				18		RECORDER		
	Toward a				MIC	MICHAEL A. BROWN		
SEND ACKNOWLEDGEMENT TO: (Name and Address) 10656 PRIME				DACCEDIA 0226	2007	2007 MAR 29 PM 1: 09		
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141						FILED FOR RECORD		
	LLOW INSTRUCTION	ONS (front and b	ack) CAREFULLY			LAKE COUNT	1	

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum		ed) in the REAL 7. Check to RE (if applicable) [ADDITIONA	QUEST SEARCH REPO	PRT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		and the second second second		and the second		
10746218			6200	77275		

9. NAME OF FIRST DEBTOR (1a or 1b) ON REL 9a. ORGANIZATION'S NAME	MENT	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD			
	RST NAME 20	070000226	2007	MAR 29 PH	1:09
10. MISCELLANEOUS 10746218-IN-89 10656 PRIME ACCEPTAN			MIC	CHAEL A. BR RECORDER	OWN
320077275 File with: CC IN Lake, IN				OR FILING OFFICE USE	EONLY
ADDITIONAL DEBTOR'S EXACT FULL LEGA 11a. ORGANIZATION'S NAME	AL NAME - insert only one_r	name (11a or 11b) - do not abbreviate or cor	mbine names		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION DEBTOR	. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR	 RGANIZATIONAL ID #, i	f any
ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S N/ 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME		AME - insert only one name (12a or 12b) FIRST NAME	MIDOLE	NAME	SUFFIX
2c. MAILING ADDRESS		СІТУ	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to collateral or is filed as a	as-extracted as-extracted	16. Additional collateral description:		K	
 Name and address of a RECORD OWNER of above-of (if Debtor does not have a record interest): 	fescribed real estate				
 Name and address of a RECORD OWNER of above-of (if Debtor does not have a record interest): 	fescribed real estate	17. Check only if applicable and check only one Debtor is a Trust or Trustee acting with 18. Check only if applicable and check only one	respect to prop	erty held in trust or	Decedent's Es