

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 APR 24 AM 9:49

MICHAEL A. BROWN
RECORDER

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address) **2007 0002 92**

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

see attachment

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				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MCINTIRE		DENNIS		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
236 MAIN 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
				<input 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
MCINTIRE		SANDRA		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
236 MAIN STREET		HOBART	IN	46342
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				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAINSOURCE BANK - HOBART				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
555 EAST THIRD STREET		HOBART	IN	46342-0487

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE PERSONAL PROPERTY AND FIXTURES LOCATED ON THE PROPERTY, THE LEGAL DESCRIPTION OF WHICH IS ATTACHED HERETO, MADE A PART HEREOF, INCLUDING ACCESSIONS, ACCESSORIES AND REPLACEMENTS, AND PROCEEDS THEREOF, INCLUDING TORT AND INSURANCE CLAIMS.

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

8. OPTIONAL FILER REFERENCE DATA

27-1273606

EXHIBIT "A"

THE EASTERLY 133.13 FEET OF THAT PART OF LOT 10, LYING NORTH OF A LINE BEGINNING 41 FEET SOUTHERLY FROM THE NORTHEAST CORNER OF SAID LOT AND ON THE WESTERLY LINE OF MAIN STREET AND EXTENDED SOUTHWESTERLY PARALLEL TO THE NORTHWESTERLY LINE OF SAID LOT TO THE END OF SAID LOT; EXCEPTING THEREFROM THAT PART THEREOF COMMENCING AT THE NORTHEAST CORNER OF SAID LOT; THENCE WESTERLY 50 FEET ON THE NORTH LINE OF SAID LOT; THENCE SOUTHERLY PARALLEL WITH MAIN STREET 16 FEET; THENCE EASTERLY 50 FEET TO MAIN STREET; THENCE NORTHERLY 16 FEET TO THE PLACE OF BEGINNING IN THE TOWN, NOW CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN DEED RECORD "D" PAGE 423, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

2007 000292

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