COUNTRY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY STATE OF INDIANA LAKE COUNTY A. NAME & PHONE OF CONTACT AT FILER [optional FILED FOR RECORD Phone: (800) 331-3282 Fax: (818) 662-4141 18490 CARMED FINANO DO 3 1 7 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 2007 MAY -4 AM 10: 11 MICHAEL A. BROWN 11063684 **UCC Direct Services** RECORDER P.O. Box 29071 ININ Glendale, CA 91209-9071 **FIXTURE** see atta File with: CC IN Lake, IN 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 SUFFIX MIDDLE NAME **JOHNSON JOHN** G 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 5450 DEXTER DR **MERRILLVILLE** IN 46410 USA ADD'L INFO RE ORGANIZATION DEBTOR 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 1d. SEE INSTRUCTIONS 1e. TYPE OF ORGANIZATION 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 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE ORGANIZATION DEBTOR 2g. ORGANIZATIONAL ID #, if any 2d. SEE INSTRUCTIONS 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 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 CARMEL FINANCIAL CORP OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

4. This FINANCING STATEMENT covers the following collateral:

3c. MAILING ADDRESS 101 E. CARMEL DR

AQUATIVA SPECTER TWIN SERIAL: 1011812049 AQUATIVA PRISM W/BIO SERIAL: 673

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR SELLER/BUYER	R AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
11063684	COAW	CCFC	

CARMEL

STATE

POSTAL CODE

46032

2

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME					LAKE COUNTY FILED FOR RECORD			
9b. INDIVIDUAL'S LAST JOHNSON	NAME	FIRST NAME JOHN	2007 _{MID} Q Q 37F	k-1		AY -4 AM IC		
D. MISCELLANEOUS 1063684-IN-89 8490 CARMEL FI OAW	NANCI					HAEL A. BRO RECORDER	VYV	
le with: CC IN Lake						R FILING OFFICE USE	ONLY	
. ADDITIONAL DEBTO		_EGAL NAME - insert o	only o <u>ne</u> name (11a or 11b) - do n	ot abbreviate or cor	mbine names			
11b. INDIVIDUAL'S LA	NDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		NAME	SUFFIX	
c. MAILING ADDRESS		171-91	CITY		STATE	POSTAL CODE	COUNTRY	
SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR		ATION 11f. JURISDICTION OF C	DRGANIZATION	11g. ORGANIZATIONAL ID #, if any		any		
ADDITIONAL S	ECURED PARTY'S	or ASSIGNOR	R S/P's NAME - insert only one na	ame (12a or 12b)				
12b. INDIVIDUAL'S LA	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
c. MAILING ADDRESS			СІТУ		STATE	POSTAL CODE	COUNTRY	
ERRILLVILLE, IN ESCRIPTION: GE	SON JOHN G 46410 COUN EORGIA HEIGH 4 L.11 BL.3 Tow RCEL NO: 08-1: ER TWIN SER	5450 DEXTER D ITY: LAKE LEGA ITS SUB. BLKS. 2 vnship 8 Ross F 5-0235-0011 IAL: 1011812049	L 2.3.5 &	description:				
. Name and address of a F (if Debtor does not have		bove-described real estate		ole and check <u>only</u> one	a hox			

Filed in connection with a Manufactured-Home Transaction -- effective 30 years