UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAR	REFULLY		5 IAI LA FILEI	KE COUNTY FOR RECORD	
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818)	662-4141	000006		Y-9 PM 1:5	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIMI	E ACCEPTAN -			
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	110932 ININ FIXTUE			REL A. BROWN ECORDER	
File with: CC IN L	ake, IN	TH	E ABOVE SPACE IS FO	R FILING OFFICE USE ONL	.Y
. DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (1	a or 1b) - do not abbreviate or c	combine names		
Tb. INDIVIDUAL'S LAST NAME ELLIOTT		FIRST NAME WILLIAM J	MIDD	LE NAME	SUFFIX
LELLIOTT					
		CITY	STAT		COUNTRY
c. MAILING ADDRESS 16619 MORSE ST d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	OF ORGANIZATION		IN	POSTAL CODE 46356 RGANIZATIONAL ID #, if an	USA
d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM		CITY LOWELL 1f. JURISDICTION OF ORGANI	IN 1g. C	46356 RGANIZATIONAL ID #, if an	USA
d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM 2a. ORGANIZATION'S NAME		CITY LOWELL 1f. JURISDICTION OF ORGANI	IN 1g. C	46356 RGANIZATIONAL ID #, if an	USA
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d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS ADD'L INFO RE ORGANIZATION DEBTOR SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME (or NAME of TOTAL ASS 3a. ORGANIZATION'S NAME	E - insert only one o	CITY LOWELL 1f. JURISDICTION OF ORGANI debtor name (2a or 2b) - do not FIRST NAME CITY 2f. JURISDICTION OF ORGANI	abbreviate or combine MIDD STAT ZATION 2g. C	A6356 RGANIZATIONAL ID #, if ar names LE NAME E POSTAL CODE RGANIZATIONAL ID #, if ar	SUFFIX COUNTRY

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5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/	LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLE	R/BUYER AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] ESTATE RECORDS. Attach Addendum	(or recorded) in the REAL 7. Check to R		otor(s) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA 11093247

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9a ORGANIZATION'S NAM			LX TX TITLE TO THE		FILED FOR	RECORD
9b. INDIVIDUAL'S LAST NA ELLIOTT	ME	FIRST NAME WILLIAM J	2 1000 NAME SUFFEE D 3 2 6	200	17 MAY -9	PM 1:56
. MISCELLANEOUS	110万十			A		BROWN
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20076961 ile with: CC IN Lake, II			THE A	BOVE SPACE IS FOR FILI	ING OFFICE USE	ONI Y
1. ADDITIONAL DEBTOR'S		EGAL NAME - insert only on	name (11a or 11b) - do not abbreviate or			
11b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME		SUFFIX
TID. INDIVIDUAL S LAST	NO INIC		I INOT NAME	WIDDLE WAIVE		JOHN
1c. MAILING ADDRESS			СІТУ	STATE POS	STAL CODE	COUNTRY
1d, SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZ	ZATIONAL ID #, if	
	DEBTOR	SINEO TELEVI				NON
12b. INDIVIDUAL'S LAST	NAMÉ		FIRST NAME CITY	STATE POS	STAL CODE	COUNTRY
	fixture filing. T OF S. 210 VNSHIP 33 R	FT. OF W. 60 AC. N2. RANGE 9 4.54 AC DOC				
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):		17. Check only if applicable and check only Debtor is a Trust or Trustee acting 18. Check only if applicable and check only Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufacture	with respect to property h		Decedent's Estal	