

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN 12 PM 2:41

MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT AT FILER [optional]
Tom Collins Sr. 219-962-7676

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Luke Oil Company Inc.
Attn: Tom Collins Sr.
P.O. Box 96
Hobart IN 46342

see ensize attachments

2007 000428

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 Thamer Inc.. | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME Nasser | | FIRST NAME Mohamed | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 4575 W. 37 th Ave. | | CITY Hobart | STATE IN | POSTAL CODE 46342 | COUNTRY USA |
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Corporation | 1f. JURISDICTION OF ORGANIZATION Lake county/City of Hobar | | 1g. ORGANIZATIONAL ID #, if any Sltx 0108017842 <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 Thamer Inc.. | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME Mohsin | | FIRST NAME Hussien | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS 4575 W. 37 th Ave. | | CITY Hobart | STATE IN | POSTAL CODE 46342 | COUNTRY USA |
| 2d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION corporation | 2f. JURISDICTION OF ORGANIZATION Lake County/City of Hobar | | 2g. ORGANIZATIONAL ID #, if any Sltx 0108017842 <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE S/P) - insert only one secured party name (3a or 3b)

| | | | | | |
|--|---------------------------------------|----------------|----------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME Luke Oil company Inc. | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME Collins | | FIRST NAME Thomas | MIDDLE NAME | SUFFIX Sr. |
| 3c. MAILING ADDRESS P.O. Box 96 | | CITY Hobart | STATE IN | POSTAL CODE 46342 | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral

Main Price ID sign(Phillips 66 Branded) 3 pricer manual

1300

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

6986

invoice

GARY SIGN CO.
3289 East 83rd Place
MERRILLVILLE, INDIANA 46410

| | |
|----------------|-----------|
| DATE | 1/30/2007 |
| ACCOUNT NUMBER | 96 |

(219) 942-3191 or (219) 884-7587

Luke Oil
Accounts Payable Dept.
P.O. Box 96
Hobart, IN 46342

2007 000428

STATE OF INDIANA
LAKE COUNTY
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RECORDER

| DATE | CHARGES AND CREDITS | AMOUNT |
|---------|--|----------|
| 1/30/07 | Invoice #6986 Location: 4575 W. 37th Ave., Hobart, IN Removed existing "66" I.D. and three product pricer Installed customer furnished conversion kit onto poles Installed customer furnished illuminated logos on canopy fascias Materials (taxable) | 25.00 |
| | 2 Men/19 Hrs/\$140.00 Per Hr Labor | 2,660.00 |
| | Terms: Payable on receipt of invoice Thank you | |
| | SUBTOTAL | 2,685.00 |
| | SALES TAX | 1.50 |
| | | 2,686.50 |

PAY LAST AMOUNT
IN THIS COLUMN

Thank You



Building your corporate identity...always on target

Website: www.SignResource.com

Project Contact: LORI L.HUNDTOFT

Extension: 3009 E-mail:

lhundtoft@signresource.com

: 323-562-7609

Toll Free : 800.423.4283

Fax : 323-560-7143

6135 District Blvd, Maywood, CA 90270 (Los Angeles)

318 E. College St. Suite D, Dickson, TN 37055 (Nashville)

* Remittance Address: P.O. Box 549 Maywood, CA 90270

| | | | | | |
|------------------|--|----------|---|--------------------|----------|
| PROJECT LOCATION | HOBART IN 46342 | | INVOICE# | 172897 | |
| BILL TO: | 6969 LUKE OIL COMPANY INC 3592 N HOBART ROAD HOBART, IN 46342 | SHIP TO: | LUKE OIL COMPANY INC C/O GARY SIGN COMPANY 3289 E 83rd PLACE MERRVILLE, IN 46410 | INV. DATE | 10/12/06 |
| | | | ORDER # | 147186 | |
| | | | ORD DTE | 08/25/06 | |
| | | | P.O. # | 2966 | |
| | | | TERMS | NET 30 DAYS | |
| | | | SHIPPING | PREPAID & ADD | |
| | | | WAYBILL | RDWY 821 0044277 2 | |

| ID# | ORD | SHIP | BO | PART NO. | DESCRIPTION | NET PRICE | EXTENDED PRICE |
|-----|-----|------|----|-----------|---|-----------|----------------|
| 1 | 1 | 1 | 0 | P0807RFID | CONOCO PH66 FACE (2) 8'X7' FORMED COPY: (Ph66 LOGO) SIZE: 96" X 84" | 1,048.00 | 1,048.00 |
| 2 | 1 | 1 | 0 | C0407RF3P | CONOCO FACE (2) 4'X7' 3P PRICE COPY: REG / PLUS / PREM TRIM SIZE: 44-1/4" X 82-3/4" | 527.00 | 527.00 |
| 3 | 1 | 1 | 0 | C7F3X3P | NUMERAL SET FOR 7' 3P RF 8-7/8" COPY 11" X 10" RED PLATE 102 PCS (0-9, AND 9'S) | 215.00 | 215.00 |
| 4 | 1 | 1 | 0 | C7W3P | WORDPLATE SET (6) FOR 7' 3P RF COPY:(Reg(2)Plu(2)Prm(2)-NAT'L SPEC) RED PLATE 11"X25-1/2"-FOR PR OF RF | 28.00 | 28.00 |
| 5 | 12 | 12 | 0 | C7FRAME | CONOCO FRAME ASSY 7' TP SYSTEM PER LINEAR FOOT REQUIREMENTS SPECIFY PIECE QTY H-BAR | 0.00 | 0.00 |

REORDER
 ADDITIONAL COMMENTS & SPECIFICATIONS/SPECIAL INSTRUCTIONS:
 MARK: PH66 813344 PO 2966 4575 W 37th PLACE HOBART IN 46342 CALL 24HRS B4 DEL
 800-276-7676

2007 JUN 12 PM 2:41
 8250007002
 FILED FOR RECORD
 LAKE COUNTY
 STATE OF INDIANA

| | |
|------------------|----------|
| SALES AMOUNT | 1,818.00 |
| SUB TOTAL | 1,818.00 |
| SALES TAX | 0.00 |
| SHIP/HANDLING | 549.49 |
| OTHER | 0.00 |
| DEPOSIT RECEIVED | 0.00 |
| PLEASE PAY | 2,367.49 |