		(1)
-	-	

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone: (800) 331-3282 Fax: (818) 662-4141 2007

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 18490 CARMEL FINANCI

UCC Direct Services 11362454
P.O. Box 29071
Glendale, CA 91209-9071 ININ
FIXTURE

000431

LAKE COUNTY FILED FOR RECORD 2007 JUN 13 AM 11: 58 MICHAEL A. BROWN RECORDER

File with: CC IN Lake, IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. D	EBTOR'S EXACT FUL	L LEGAL NAME -	insert only one debtor name (1	a or 1b) - do not abbreviate or combine nar	nes		
	1a. ORGANIZATION'S N	AME					
OR	1b. INDIVIDUAL'S LAST	NAME	<u></u>	FIRST NAME	MIDDLE	NAME	SUFFIX
	Santell			Laura			
	MAILING ADDRESS 05 W 101st Ave			Crown Point	STATE	POSTAL CODE 46307	COUNTRY
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	y NONE
2. A	DDITIONAL DEBTOR'S	S EXACT FULL LE	EGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate o	or combine na	mes	
	2a. ORGANIZATION'S N	AME					
OR	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. M	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>s</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if an	y NONE
3. S	ECURED PARTY'S NA		TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one_ secured party na	me (3a or 3b)		
	3a. ORGANIZATION'S N Carmel Financia	AME					
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 1 E Carmel Dr #20	00		Carmel	STATE	POSTAL CODE 46032	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

CAW Whole House Water Treatment System Model: Prism/ Spectra Twin/ Chlorigon Serial: 29680

ch#840032

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE/C	CONSIGNOR BAILEE/BAILOR SELLER/BUYE	R AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be file STATE RECORDS. Attach Addendum OPTIONAL FILER REFERENCE DATA		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]	All Debtors Debtor 1 Debtor 2
11362454	COAW	CFC	

NAME OF FIRST DEBTOR (1a or 1	back) CAREFULL b) ON RELATED		MENT .	1	FI	LAKE COUN LED FOR REC	Coro
9a. ORGANIZATION'S NAME	,						
OL INDIVIDUAL ACTIVATE	TEIDOT III		07 00043	ħ 1	2007	JUH 13 AM	11:59
9b. INDIVIDUAL'S LAST NAME Santell	FIRST NA Laura		MIDDLE NAME,SUFFIX		MIC	CHAEL A. BF	
MISCELLANEOUS						RECORDE	3
362454-IN-89			•				
3490 CARMEL FINANCI				1			
WAC							
=C				1			
e with: CC IN Lake, IN				THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ONLY
ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NA	ME - insert only one	name (11a or 11b) - do not		_		
11a. ORGANIZATION'S NAME				-			
AAL INDIVIDUALIO LAOTAIANE			CIDOT NAME		MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			СІТҮ		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INF		OF ORGANIZATION	11f. JURISDICTION OF OR	GANIZATION	11g. OR	GANIZATIONAL ID #, i	fany
ORGANIZ DEBTOR	ATION						NONE
ADDITIONAL SECURED PA	RTY'S or	ASSIGNOR S/P's N	AME - insert only one nam	e (12a or 12b)	· ·		
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
:. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
MAILING ADDITES					JUNIE	T GOTAL GODE	OOOM
This FINANCING STATEMENT covers	timber to be co	ut or as-extracted	16. Additional collateral des	cription:			
collateral or is filed as a X fixture fi	L.J	as oxidered	10.7.00.00.00.00.00.00.00.00.00				
Description of real actato:							
Description of real estate:	O D.	: IN 40007					
escription: 4905 W 101st A ounty: LAKE Parcel Numbe	er: 03-07-0028	3-0022 Legal: T.					
E. NE. 1A. & W. 40FT.OF Ε Γ. "EX. N. 30FT." NE. NE2	. 487.42 FT. (OF N. 313.06 R.9 CAW					
hole House Water Treatmen	nt System Mo	del: Prism/					
pectra Twin/ Chlorigon Seria	ai. 29000	-					
Name and address of a RECORD OWNE (if Debtor does not have a record interest		ed real estate					0h # 84
			17. Check only if applicable	and check only one be	ox.		
			Debtor is a Trust or	Trustee acting with re	espect to prop	erty held in trust or	Decedent's Estate
· .			18. Check only if applicable	and check <u>only</u> one b	ox.		

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)

Filed in connection with a Public-Finance Transaction -- effective 30 years

UM (FORM UCC1Ad) (REV. 05/22/02)

Prepared by UCC-Direct Services, Inc., P.O. Box 29071

Glendale, CA 91209-9071 Tel (800) 331-3282