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100	 STATEMENT	

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	14433 BRIDGEVIEW BA
UCC Direct Services P.O. Box 29071	11367885
Glendale, CA 91209-9071	ININ FIXTURE
attachmentfile with: CC IN Lak	

000435

LAKE COUNTY FILED FOR RECORD 2007 JUN 14 AM II: 16 MICHAEL A. BROWN RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. D	EBTOR'S EXACT FUI	L LEGAL NAME -	insert only one debtor name (1	a or 1b) - do not abbreviate or combine na	ames		
OR	1a. ORGANIZATION'S N SUPER PETRO		· · · · · · · · · · · · · · · · · · ·				
OK	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 44 Ticonderoga Stre	et		CITY Schereville	STATE	POSTAL CODE 46375	COUNTRY
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	11. JURISDICTION OF ORGANIZATION IN	1. *	SANIZATIONAL ID #, if any 007040400385	NONE
2. A	DDITIONAL DEBTOR	'S EXACT FULL LE	GAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate	or combine na	mes	
	2a. ORGANIZATION'S N	IAME					
OR	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. N	MAILING ADDRESS		·	СІТУ	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 any	NONE
3. S			OTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one_ secured party n	ame (3a or 3b)		
0.0	3a. ORGANIZATION'S N BRIDGEVIEW E						
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 10 SOUTH HARL	EM AVE		BRIDGEVIEW	STATE	POSTAL CODE 60455	COUNTRY
							_

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and subtitutions relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibbles, an other accounts proceeds)

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/	ESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/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 REQUEST SEARCH REP	PORT(S) on Debtor(s)   Optional  All Debtors   Debtor 1   Debtor 2
8. OPTIONAL FILER REFERENCE DATA		

11367885

618044200-1040

Bridgeview Bank Group

FINANCING STATE OF THE STRUCTIONS (	ATEMEN1 front and back) C	ADDENDUM AREFULLY	en e			1. 11.	
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9b. INDIVIDUAL'S LAST NA		FIRST NAME	MIDDLE NAME, SUFFIX	4435		2007 .11:12 1	I. A
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idgeview Bank Gro	qı					•	
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11b. INDIVIDUAL'S LAST	NAME	<del></del> -	FIRST NAME		MIDDLE	NAME	SUFFIX
	, <u>.</u>						
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF OR		11g. OR	GANIZATIONAL ID #, if	any NON
ADDITIONAL SEC	URED PARTY'S	or ASSIGNOR S/P's	NAME - insert only one nam	ne (12a or 12b)			
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. This FINANCING STATEME	_	ber to be cut or as-extracte	d . 16. Additional collateral de	scription;			
collateral or is filed as a	fixture filing.						
Description of real estate:							
escription: Gas stat	ion/mini-mart	with adjacent real					
tate. PIN # 33-121-	0,10,11 AND	12					
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. Name and address of a REC (if Debtor does not have a	record interest):	ove-described real estate					
uper Petroleum, Inc. 007 169th Street, Ha	mmond IN 4	16323	17. Check only if applicable	and check only one box.			
.5. 15501 50666, 116			Debtor is a Trust or	Trustee acting with resp	ect to prop	erty held in trust or	Decedent's Estate
			18. Check only if applicable	and check only one box.			
			Debtor is a TRANSMIT	TING UTILITY			

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 Prepared by UCC-Direct Services, Inc., P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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



NAME OF FIRST TO EDITION IN THE SECOND TO THE PROPERTY OF THE SECOND TO	JCC FINANCING STATEMENT ADDENDU	IM,			LAKE COL	1 1 97	
SUPER PETROLEUM. INC.  30. NIOVELLA'S LAST NAME  D. MISCELLANEOUS:  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - most only one name (11s or 11s) - do not alternate or combine names.  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - most only one name (11s or 11s) - do not alternate or combine names.  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - most only one name (11s or 11s) - do not alternate or combine names.  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  THE ABOVE SPACE IS FOR FILING OFFICE U	OLLOW INSTRUCTIONS (front and back) CAREFULLY	CTATEMENIT		F	ILED FOR R	LLUN	L)
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To MALING ADDRESS  To Maling Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 17 page 25, in the Office of the Recorder of Lake County, Indiana, and the vacated 20 foot alley lying North and adjoining said Lots 6, 7, 8 and 9 and South and adjoining said Lot 10. P.I.N. 33-121-6, 10, 1, 1 and 12  To Mark Addition and Addition and Adjoining said Lots 7, 8 and 9 and South and adjoining said Lot 10. P.I.N. 33-121-6, 10, 1, 1 and 12  To Mark Address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest).	$(A_{ij} - A_{ij}) = A_{ij} - A_{ij} -$		THE ABOVE	SPACE I	S FOR FILING OF	FICE US	E ONLY
To MALING ADDRESS  To MALING ADDRESS  CITY  STATE  POSTAL CODE  COUNTI  To Sele INSTRUCTIONS  DESTRUCTIONS  ADDIL INFO RE ITE. TYPE OF ORGANIZATION ITI. JURISDICTION OF ORGANIZATION ITI. ORGANIZATIONAL ID #, if any ORGANIZATION DESTRUCTION OF ORGANIZATION ITI. ORGANIZATIONAL ID #, if any ORGANIZATION DESTRUCTION OF ORGANIZATION ORGANIZATIONAL ID #, if any ORGANIZATION SNAME  ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME insert only one name (12a or 12b)  To ORGANIZATIONS NAME  FIRST NAME  FIRST NAME  INDIVIDUAL'S LAST NAME  INDIVIDUAL'S LAST NAME  FIRST NAME		one name (11a or 11b) - do not abbrevia	ate or combine nam	nes			
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2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)  124. ORGANIZATION'S NAME  125. INDIVIDUAL'S LAST NAME  126. MALLING ADDRESS  127. INDIVIDUAL'S LAST NAME  128. INDIVIDUAL'S LAST NAME  129. INDIVIDUAL'S LAST NAME  140. STATE  151. INDIVIDUAL'S LAST NAME  151. INDIVIDUAL'S LAST NAME  161. Additional collateral description:  162. Additional collateral description:  163. Additional collateral description:  164. Additional collateral description:  165. Additional collateral description:  166. Additional collateral description:  176. Additional collateral description:  177. Check only if applicable and check only one box.	ORGANIZATION		IZATION	11g. ORG	SANIZATIONAL ID#,	if any	
CRGANIZATION'S NAME    FIRST NAME		[aparts]	12a or 12b)		t e e		N
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