B. SEND ACKNOWLEDG		A. NAME & PHONE OF CONTACT AT FILER [optional]			LAKE COUNTY FILED FOR RECORD 2007 JUL - 2 PM 3:	
(/85 Durbin St	reet Republic [46406]			IAEL A. BROV RECORDER	
DEPTOPIS SYNOTE	WILLEON MANE			SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S N	AME) - do not abbreviate or combine names			
OR HUNT,GIA,M	ARIE/ORGA NAME	NIZATION/TRADEN	AME/TRADEMARK-DEBTOI	MIDDLE NAME		SUFFIX
c. MAILING ADDRESS			СПУ	STATE	POSTAL CODE	COUNTR
785 DURBIN STR			GARY	IN	46406	USA
ld. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG/	ANIZATIONAL ID#, if any	
308-90-5557	DEBTOR	L DD A	USA			
2 ADDITIONAL DERTO		DBA		no nomes		<u>r.</u> 1.
2a. ORGANIZATION'S NA	R'S EXACT FULL AME		lebtor name (2a or 2b) - do not abbreviate or combi	me names	NAME	SUFFIX
2a. ORGANIZATION'S NA	R'S EXACT FULL AME		lebtor name (2a or 2b) - do not abbreviate or combi		NAME POSTAL CODE	
2a. ORGANIZATION'S N. 2b. INDIVIDUAL'S LAST	R'S EXACT FULL AME NAME		lebtor name (2a or 2b) - do not abbreviate or combi	MIDDLE I		SUFFIX
2a. ORGANIZATION'S N. 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS	R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME of T	LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or combi	MIDDLE I	POSTAL CODE	SUFFIX
2a. ORGANIZATION'S N. 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N.	R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME of TAME	LEGAL NAME - insert only one of	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE I	POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
2a. ORGANIZATION'S N. 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N. OR 3b. INDIVIDUAL'S LAST : EI Hunt	R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME of TAME	LEGAL NAME - insert only one of	FIRST NAME 2f. JURISDICTION OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION P)-insertonly one secured party name (3a or 3b) FIRST NAME Gia	STATE 2g. ORG/	POSTAL CODE ANIZATIONAL ID #, if any NAME	SUFFIX
2a. ORGANIZATION'S N. 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N. OR 3b. INDIVIDUAL'S LAST	R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME of TAME) NAME	LEGAL NAME - insert only one of	FIRST NAME 2f. JURISDICTION OF ORGANIZATION 2f. insertonly one secured party name (3a or 3b) FIRST NAME	STATE 2g. ORG/	POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX

NOTICE: iN ACCORDANCE WITH UCC - Property is the entry of the Debtor in the Commercial Registry as a transmitting utility and the following property is hereby registered in the same as public notice of a commercial transaction: Certificate of Birth Document # 001840 from EAST CHICAGO, INDIANA, BOARD OF HEALTH: Employer Identification # 308905557: Driver's License # 8935-53-4524; UCC Contract Trust Account # [pending]; Two Dollars [\$22] Silver Coins; All property is accepted is accepted for value and is exempt for value and is exempt from Levy. Adjustment of this filing is from Public HJR-192 Law 73-10 and UCC 10-104. ALL proceeds, products, accounts, fixtures and the orders there from are released to the Debtor.

HUNT.GIA.MARIE/ORGANIZATION/TRADENAME/TRADEMARK-DEBTOR	HUNT.GLA	.MARIE/ORGA	NIZATION/T	RADENAME/T	RADEMARK	-DEBTOR
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5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA
Secured Party:

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S NAME				
HUNT,GIA,MARIE/ORGANIZATION/TRADENA	ME/TRADEMARK			
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10.MISCELLANEOUS:				
			IS FOR FILING OFFI	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one in 11a. ORGANIZATION'S NAME	ame (11a or 11b) - do not abbrev	riate or combine names		
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGA	NIZATION 11g. OF	RGANIZATIONAL ID #, if a	any NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NAME - insert only one name	(12a or 12b)		TO BURT
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: Everything Pertaining to Security Instrument. 	1933. Secured Par	3, 1-104, and House of ty Accepts Debtor's (39), 2-201, 3-415,	signature in acc	ord with
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check <u>only</u> if applicable a	nd check only one box		
		Trustee acting with respect to	property held in trust or	Decedent's Estate
	Debtor is a TRANSMITTIN	G UTILITY Manufactured-Horne Transacti	on — effective 30 years	
	Filed in connection with a	Public-Finance Transaction	effective 30 years	

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