TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATI	A BROWN PRDER
Loan Department, Bank of Indiana N.A.  129 Maple Street Dana; Indiana 47847  THE ABOVE SPACE IS FOR FILING OFFICE US  DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  PETROZONE, INC.  1b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  908 WINDING HOLLOW DR  TAX ID #: SSN OR EIN   ADD'LINFO RE   1e. TYPE OF ORGANIZATION   ORGANIZATION ORGAN	
DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names    1a, ORGANIZATION'S NAME   PETROZONE, INC.	SE ONLY
Tall ORGANIZATION'S NAME   PETROZONE, INC.	
The individual's last name    First name	
908 WINDING HOLLOW DR KATY TX 77450  TAX ID #: SSN OR EIN ORGANIZATION	SUFFIX
TAX ID #: SSN OR EIN   ADD'L INFO RE   16. TYPE OF ORGANIZATION   11. JURISDICTION OF ORGANIZATION OF ORGANI	COUNTRY
2-1698246 DEBTOR 1 EXXS  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  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MEDIDLE NAME	USA any
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME    FIRST NAME   MIDDLE NAME	□ NTC
I	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGANIZATION   21. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONALED #, if it organization   DEBTOR	any No
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)	
Bank of Indiana, N.A.  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME	SUFFIX
MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
29 Maple Street PO Box 138 Dana IN 47847  This FINANCING STATEMENT covers the following collateral: ALL ASSETS OF THE DEBTOR	USA

## STATE OF INDIANA LAKE COUNTY UCC FINANCING STATEMENT ADDENDUM FILED FOR RECORD FOLLOW INSTRUCTIONS (front and back) CAREFULLY S. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT **UUUL** B 2007 JUL -3 PH 3: 07 9a. ORGANIZATION'S NAME PETROZONE, INC. MICHAEL A. BROWN 96. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX RECORDER 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a DRGANIZATION'S NAME 116. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX POSTAL CODE COUNTERY T1c. MAILING ADDRESS STATE 11d. TAX ED #: SSN OR EIN ADD'L INFO RE 11e. ORGANIZATION DEBTOR ☐ NONE ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a ORGANIZATION'S NAME 12h. INDIVIDUAL'S LAST MAME FIRST NAME MIDDLE NAME SUFFIX 12th MARLING ADDRESS POSTAL CODE COUNTRY 13. This FINANCING STATEMENT covers \_\_\_\_ timber to be cut or \_\_\_\_ as-extracted 16. Additional collateral description: collateral, or is filled as a $\overline{X}$ fixture filling. 14. Description of real estate: The goods are or are to become fixtures on: LOT 1 AMOCO ADDITION, AN ADDITION TO THE TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 81, PAGE 90, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. 15. Name and address of a RECORD OWNER of above-describedreal estate (if Debtor does not have a record interest): Fixtures: PETROZONE, INC... 17. Check only it applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decadeat's Estate 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY

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