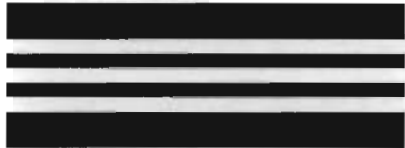


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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2007 000523

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 JUL 13 PM 3:04
MICHAEL A. BROWN
RECORDER

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

TIDEWATER CREDIT SERVICES
P.O. BOX 13306
Chesapeake, VA 23325

see attachment

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

OR

1b. INDIVIDUAL'S LAST NAME: JOHNSON
FIRST NAME: IRIS
MIDDLE NAME:
SUFFIX:
1c. MAILING ADDRESS: 5930 GRANT PL
CITY: MERRILLVILLE
STATE: IN
POSTAL CODE: 46410
COUNTRY:
1d. TAX ID #: SSN OR EIN: 08-15-0325-0015
ADD'L INFO RE ORGANIZATION DEBTOR:
1e. TYPE OF ORGANIZATION:
1f. JURISDICTION OF ORGANIZATION:
1g. ORGANIZATIONAL ID #, if any:
 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

OR

2b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
2c. MAILING ADDRESS:
CITY:
STATE:
POSTAL CODE:
COUNTRY:
2d. TAX ID #: SSN OR EIN:
ADD'L INFO RE ORGANIZATION DEBTOR:
2e. TYPE OF ORGANIZATION:
2f. JURISDICTION OF ORGANIZATION:
2g. ORGANIZATIONAL ID #, if any:
 NONE

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

3a. ORGANIZATION'S NAME: TIDEWATER FINANCE COMPANY

OR

3b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
3c. MAILING ADDRESS: P.O. BOX 13306
CITY: CHESAPEAKE
STATE: VA
POSTAL CODE: 23325
COUNTRY:

4. This FINANCING STATEMENT covers the following collateral:

****FIXTURE FILING****

FLOORING

\$2936.00

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: 143-228125

00 240410

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2007 000523

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 JUL 13 PM 3:04
MICHAEL A. BROWN
RECORDER

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
JOHNSON	IRIS	

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. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
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:

5930 GRANT PL
MERRILLVILLE, IN 46410

LEGALS;
COUNTRY CLUB 2ND ADD.-SEC 'E'
L.15 BL.5

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction — effective 30 years
- Filed in connection with a Public-Finance Transaction — effective 30 years