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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	, a	_			
A. NAME & PHONE OF CONTACT AT FILER (o) CSC 1-800-858-5294	otional)	1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		GINA PIMENTEL	2021	-04617	78
C. SEND ACKNOWLEDGMENT TO: (Name and 2136 59092 CSC	d Address)	RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	11:23 AN		
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Indiana (Lake)	FILED FOR RECORD			
DEBTOR'S NAME: Provide only one Debtor name	e (1a or 1b) (use exact full name; do not omi	THE ABOVE SPAC	Charles and the second		
name will not fit in line 1b, leave all of item 1 blank, of 1a. ORGANIZATION'S NAME		tor information in item 10 of the Fin			
DR 15. INDIVIDUAL'S SURNAME HESTER	FIRST PERSON	IAL NAME	ADDITIONAL NAM	ONAL NAME(S)/INITIAL(S)	
nc. MAILING ADDRESS 3737 W 70TH PL	CITY MERRILL	VILLE	IN 4641	0-3389	USA
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, cl	e (2a or 2b) (use exact, full name; do not omi teck here and provide the Individual Det	, modify, or abbreviate any part of t stor information in item 10 of the Fin	he Debtor's name); ancing Statement A	if any part of the Indidendum (Form U	dividual Debti
name will not fit in line 2b, leave all of item 2 blank, cl 2a. ORGANIZATION'S NAME	e (2a or 2b) (use exact, full name; do not omi neck here  and provide the Individual Det	stor information in item 10 of the Fin	he Debtor's name); lancing Statement A	ddendum (Form U	dividual Debte
name will not fit in line 2b, leave all of item 2 blank, cl 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	eck here and provide the Individual Det	stor information in item 10 of the Fin	ancing Statement A	E(S)/INITIAL(S)	CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, cl 2a. ORGANIZATIONS NAME  2b. INDIVIDUAL'S SURNAME  c. MAILING ADORESS	RIRST PERSON  CITY  GMEE of ASSIGNOR SECURED PARTY): P	tor information in item 10 of the Fin	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
care will not fit in line 2b, leave all of item 2 blank, cl 2a. ORGANIZATION'S NAME  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2b. INDIVIDUAL'S SURNAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  3c. SECURED PARTY'S NAME (or NAME or ASS  3a. ORGANIZATION'S NAME AQUA FINANCE  3a. ORGANIZATION'S NAME AQUA FINANCE  3b. ORGANIZATION'S NAME AQUA FINANCE  3c. ORGANIZATION'S NAME AQUA FINANCE  3c. ORGANIZATION'S NAME (or NAME or ASS  3c. ORGANIZATION'S NAME (or NAME or NAME or	RIRST PERSON  CITY  GMEE of ASSIGNOR SECURED PARTY): P	tor information in item 10 of the Fin IAL NAME  TO NOTE THE TOTAL THE T	ADDITIONAL NAM	ddendum (Form Ui	SUFFIX
CARD WITH COMMENT AND THE COMM	IN THE STATE OF TH	TO Information in Item 10 of the Fin  AL NAME  TO BE CONFICURE SECURED Party name  AL NAME	ADDITIONAL NAM  STATE POSTAL  ADDITIONAL NAM  (3a or 3b)  ADDITIONAL NAM  STATE POSTAL  WI 5440	E(S)/INITIAL(S)  CODE  E(S)/INITIAL(S)  CODE	SUFFIX COUNTRY
28. ORGANIZATION'S NAME 28. INDIVIDUAL'S SURNAME 28. MAILING ADDRESS 3. SECURED PARTY'S NAME (W NAME of ASS 38. ORGANIZATION'S NAME AQUA FINANCE	GRST PERSON  GRST	TO Information in Item 10 of the Fin  AL NAME  TO BE CONFICURE SECURED Party name  AL NAME	ADDITIONAL NAM  STATE POSTAL  ADDITIONAL NAM  (3a or 3b)  ADDITIONAL NAM  STATE POSTAL  WI 5440	E(S)/INITIAL(S)  CODE  E(S)/INITIAL(S)  CODE	SUFFIX COUNTRY SUFFIX COUNTRY
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5. Check goly if applicable and check goly one box: Collateral is | held in a Trust (see UCC1Ad, item 17 and Instructions) | being administered by a Decident's Personal Representative 68. Check goly if applicable and check goly one box: | 60. Check goly if applicable and check goly one box: | 60. Check goly if applicable and check goly one box: | 60. Check goly if applicable and check goly one box: | 60. Check goly if applicable and check goly one box: | 7. ALTERNATIVE DESIGNATION (if applicable) | LesseedLessor | ConsigneeConsignor | Seter/Buyer | BalledBalor | Licensea/Lessor | ConsigneeConsignor | Seter/Buyer | 2136 59092

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because Individual Debtor name did not fit, check here	atement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
95. INDIVIDUAL'S SURNAME HESTER		1			
FIRST PERSONAL NAME					
ADDITIONAL NAME(SMINITIAL(S)	SUFFIX				
ADDITIONAL NAME(SWINITAL(S)	JR	THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10s or 10b) only one additional Debt do not omit, modify, or abbreviate any part of the Debtor's name) and					
10a. ORGANIZATION'S NAME	sites are mainly accress at the rec				
10b. INDIVIDUAL'S SURNAME				-	
INDIVIDUAL'S FIRST PERSONAL NAME				_	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0/				SUFFIX
2. MAILING ADDRESS	Terry		STATE	POSTAL CODE	COUNTR
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PAR	TY'S NAME: Provide o	nly one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	SOIGHOR SECONED I AN	TT O TEXASC. PIOVIGEO	IIIY YALIY IM	and (11a or 11b)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IE>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	9	<u>ک۔۔۔۔</u>			
c. MAILING ADDRESS	CITY	11	STATE	POSTAL CODE	COUNTR
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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The Consense Statistical in the first transfer	led) to the 14 This FINANCING CO		_		
This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS) (it applicable)  The FINANCING STATEMENT is to be filed (for record) (or record).	COVERS UNIDER IN	TATEMENT:	extracted (	collateral I is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in it	covers timber to	ATEMENT: be cut covers as-	extracted (	colleteral s filed as a	fixture filing
. Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest): VY HESTER JR	covers timber to 16. Description of real e 3737 W 70TH F	TATEMENT: be out covers as- state: C		collateral is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in a (if Obtion does not have a record interest): VY HESTER JR  1737 W 70TH PL	covers timber to 16. Description of real e 3737 W 70TH F	TATEMENT: to be cut Covers as- sistate: PL E, IN 46410-3389		collateral V is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in a (if Debtor does not have a record interest): V/ HESTER JR 1737 W 70TH PL	covers timber to tem 16 16. Description of real of 3737 W 70TH f MERRILLVILLE County: LAKE of Parcel Number	ATEMENT:  ble out covers as- state:  CL  IN 46410-3389  COUNTY  45-12-18-201-0	51.000	D-030	
. Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest): VY HESTER JR	covers timber to 16. Description of real of 3737 W 70TH I MERRILLVILLE County: LAKE Parcel Number	ATEMENT:  be out covers as- sister:  C, IN 46410-3389  COUNTY  45-12-18-201-0  on: Lot Number:	51.000 47 Se	0-030 ction: 18 District:	0008 Cit
Name and address of a RECORD OWNER of real estate described in a (if Debtor does not have a record interest): V/ HESTER JR 1737 W 70TH PL	iem 16 16. Description of real of 3737 W 70TH If MERRILLVILLE County: LAKE Parcel Number Legal Descripti Municipality, To	obe out covers as- cov	51.000 47 Sei	0-030 ction: 18 District: ( SHIP Subdivision	0008 Ci Name:
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