NO	TAN OFFICIAL DOCUMENT UCC FINANCING STATEMENT AMENDMENT State Error 60182 (82 / 6.3.18)	
	UCC FINANCING STATEMENT AMENDMENT	1
	State Form 50182 (R3 / 9-19)	I

FOLLOW INSTRUCTIONS.			
A. NAME & PHONE OF CONTACT AT FILER (optional) Laura Tavitas 219-476-0504x223			
B. E-MAIL CONTACT AT FILER (optional) Laura@rdc504.org	GINA PIMENTEL RECORDER	2022-03945	55
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Regional Development Company 1757 Thomapple Circle	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	12:33 PM 2022 N	
Valparaiso, IN 46385 Attn: Laura			
L 'O,	THE ABOVE SPACE	IS FOR FILING OFFICE USE O	NLY.
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018 000157		NT AMENDMENT is to be filed (for r STATE RECORDS. dum (Form UCC3Ad) and provide Debtor	
TERMINATION: Effectiveness of the Financing Statement Identified above is Statement.	s terminated with respect to the security interest(s	) of Secured Party suthorizing this	Fermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and size indicate affected collaboration.	ateral in item 8.		
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.</li> </ol>	e with respect to the security interest(s) of Secure	d Party authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:	these three boxes to:		
Check one of these two boxes:  This Change affects Debtor or Secured Party of record Telemica or	name and/or address: Complete r 6b; and item 7a or 7b and item 7c. 7a or 7b, and	Complete item DELETE name: 0	Sive record name am 6a or 6b.
CURRENT RECORD INFORMATION: Complete for Party Information Change     Sa. ORGANIZATION'S NAME		Z Harri Per	
OR 6b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAME	DDITIONAL NAME(SYINITIAL(S)	SUFFIX
1			
7. CHANGED OR ADDED INFORMATION; Complete for Assignment or Partly Information ( 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME	Change - provide only <u>(one</u> name (7a or 7b) (Use exact, full name	; do not omit, modify, or abbreviate any part of	the Debtor's name.)
7a. ORGANIZATION'S NAME	Change - provide only one name ("to or Te) (Use exact, hall name	; do not omit, modify, or abbreviate any part of	the Debtor's name.)
Ta. ORGANIZATION'S NAME  OR 175. INDIVIDUAL'S SURVAME  INDIVIDUAL'S FIRST PERSONAL NAME	Change - provide only (tight mine (Ta or Th) (Use exact, full manu	; do not om2, moddy, or abbreviste any part of	
7s. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	Cauge - prode only gas mine (h or To) (he exect, hil mans	do not omit, modify, or abbreviate any part of	the Debtor's name.)
TA ORGANIZATION'S NAME  OR 75. INDIVIDUAL'S SURVAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SUNTTAL(S)	75	do not omit, modify, or abbreviate any part of	
TA ORGANIZATION'S NAME  OR 75. INDIVIDUAL'S SURVAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SUNTTAL(S)	TO THE STATE OF TH	TATE POSTAL CODE	SUFFIX
Ta ORGANIZATION'S NAME  OR 175. RODVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FORST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  7c. MAILING ADDRESS  CCLATERAL CHANGE: Also check gog of these four boses: ADD or	TO THE STATE OF TH	TTATE   BOSTAL CODE	SUFFIX COUNTRY SSIGN collateral
Ta ORGANIZATION'S NAME  OR 175. RODVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FORST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  7c. MAILING ADDRESS  CCLATERAL CHANGE: Also check gog of these four boses: ADD or	TO THE STATE OF TH	TTATE   BOSTAL CODE	SUFFIX
Ta. ORGANIZATION'S NAME  OR 75. ROYMOUAL'S SURNAME  INDIVIDUAL'S REST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  C  6. COLLATERAL CHANGE: Also check gog of these four boses: ADD oc indicate collateral:  18. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AME  18 It has a Amendment authorized by a DEBTOR, check here and provide name.	SNOMENT: Provide only gag name (the or 60) (name	TTATE ROSTAL CODE  STATE covered construct A	SUFFIX COUNTRY SSIGN collateral
Ta. ORGANIZATION'S NAME  OR TB. ROYMOUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check gas of these four boxes: ADD or Indicate collaterat:  9. NAME or SECURED PARTY or RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check have and provide name (Sec. ORGANIZATION'S NAME)	SNOMENT: Provide only gag name (the or 60) (name	TTATE ROSTAL CODE  STATE covered construct A	SUFFIX COUNTRY  COUNTRY  SSIGN collateral
Ta_ORGANIZATION'S NAME   OR   To_ROYMOUAL'S SURRAME   INDIVIDUAL'S RISET PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)   Tc_ MAILING ADDRESS	ITY   G  Clisters   DELETE collisters    RES  RNDMENT: Provide only ggg name (8a or 8b) (name of authorising Debtor.	TTATE ROSTAL CODE  STATE covered construct A	SUFFIX COUNTRY SSIGN collateral
Ta_ORGANIZATION'S NAME   OR   To_ROYMOUAL'S SURNAME   INDIVIDUAL'S RISET PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)   To_MAILING ADDRESS   C   COLLATERAL CHANGE: Also check gog of these four boxes:	ITY   G  Clisters   DELETE collisters    RES  RNDMENT: Provide only ggg name (8a or 8b) (name of authorising Debtor.	TATE Covered colleteral A	SUFFIX COUNTRY  COUNTRY  SSIGN collateral
Ta_ORGANIZATION'S NAME   OR   To_ROYMOUAL'S SURNAME   INDIVIDUAL'S RISET PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)   To_MAILING ADDRESS   C   COLLATERAL CHANGE: Also check gog of these four boxes:	ITY   G  Clisters   DELETE collisters    RES  RNDMENT: Provide only ggg name (8a or 8b) (name of authorising Debtor.	TATE Covered colleteral A	SUFFIX COUNTRY  COUNTRY  SSIGN collateral