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GINA PIMENTEL

RECORDER STATE OF INDIANA

LAKE COUNTY

2023-009202

2023 Mar 24

2:44 PM

765-497-3328



A. NAME & PHONE OF CONTACT AT FILER (optional)

Joshua R. Goodwin

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

B. E-MAIL CONTACT AT FILER (optional)
igoodwin@purduefed.com

Purdue Federal Credit Union

FOLLOW INSTRUCTIONS.

| | PO Box 1950 | | | | | | | | |
|------|--|--|---|--|--------------------------------------|--|--|--|--|
| | West Lafayette IN 47996 | - 1 | | | | | | | |
| L | – O _A | ☐ THE ABOV | VE SPACE IS FO | R FILING OFFICE USE | ONLY. | | | | |
| f | DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (Use exact, name will not fit in line 1b, leave all of liters 1 blank, check here and provide ORGANIZATION'S NAME | full name; do not omit, modify, or abbreviate an | ny part of the Debtor | 's name.): if any part of the l | ndividual Debtor's | | | | |
| R | 1233 E North St Investments LLC | | | | | | | | |
| | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | ADDITIONAL NAME(SYINITIAL(S) | | | | | |
| | MAILING ADDRESS 15245 Washington St | Crown Point | STATE | POSTAL CODE 46307 | USA | | | | |
| . [| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (Use exact, I name will not fit in line 2b, leave all of item 2 blank, check here and provi | full name; do not omit, modify, or abbreviate an de the Individual Debtor information in item 10 | ny part of the Debtor of the Financing St | 's name.); if any part of the I stement Addendum (Form U | ndividual Debtor's CC1Ad). | | | | |
| | 2a. ORGANIZATION'S NAME | T_ | | | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)INITIAL(S) | SUFFIX | | | | |
| čc. | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | | | | |
| . 8 | SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE | CURED PARTY): Provide only one Secured P | Party name (3a or 3b |). | | | | | |
| | 38. ORGANIZATION'S NAME Purdue Federal Credit Union | | | | | | | | |
| R | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | ADDITIONAL NAME(S)/INITIAL(S) | | | | | |
| | | | | | 1 | | | | |
| . 0 | MAILING ADDRESS 1551 Win Hentschel Blvd PO Box 1950 COLLATERAL: This financing statement covers the following collateral: | West Lafayette | STATE IN | POSTAL CODE 47996 | COUNTRY | | | | |
| | 1551 Win Hentschel Blvd PO Box 1950 | West Lafayette thed to real estate. "Fixtures" mander real property law. The term | eans goods the | 47996 at have become so as defined by the U | USA related to | | | | |
| | 1551 Win Hentschel Blvd PO Box 1950 DLATERAL: This treanding statement covers the following collaterest: Fixtures. All goods now or in the future affitixed or attact. Poparticular real property that an interest in them arises uncommercial Code and further as modified or amended. | West Lafayette thed to real estate. "Fixtures" mander real property law. The term | eans goods the | at have become so as defined by the U | USA related to | | | | |
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| | 1551 Win Hentschel Blvd PO Box 1950 **OULATERAL: This floateding statement owner the Motivaley colletents: **Extures. All goods now or in the future affixed or attac particular real property that an interest in them arises to **Commercial Code and further as modified or amended or are to become fixtures on: See Attached Exhibit A. | West Lafayette thed to real estate. "Fixtures" minder real property law. The term by the laws of the jurisdiction with the jurisdiction with the laws of the jurisdiction with the jurisdicti | eans goods the "Fixtures" is hich governs to | 47996 set have become so as defined by the Lithis transaction. The | USA related to Iniform e goods are | | | | |
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| i. C | 1551 Win Hentschel Blvd PO Box 1950 LOLATERAL: This facelegic adaptional owner to tolorating collaborative includes a collaborative in a colla | West Lafayette thed to real estate. "Fixtures" minder real property law. The tem by the laws of the jurisdiction wi set tipes UCCIAd, then 17 and instructions) A Debtor in a Transmissing Utility | IN eans goods th "Fixtures" is hich governs to being administate 6b. Check self: | 47996 at have become so as defined by the Linis (transaction. The linis (transaction) and the linis (linis | related to initiorm a goods are | | | | |

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UCC FINANCING STATEMENT ADDENDUM

Part of State Form 50181 (R3 / 9-19)

| FOLLOW INSTRUCTIONS. | | | | | | | | |
|--|--|------------------------|------------|----------------------------|-------------------|--|--|--|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here. | nt; if line 1b was left blank | 1 | | | | | | |
| | | j | | | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | | | |
| 1233 E North St Investments LLC | | l . | | | | | | |
| | | 1 | | | | | | |
| OR THE INCOME. | | | | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | 1 | | | | | | |
| | | l | | | | | | |
| FIRST PERSONAL NAME | | 1 | | | | | | |
| | | | | | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | l | | | | | | |
| ADDITIONAL NAME(S)INITIAL(S) | SUFFIX | l | | | | | | |
| 702 | | THE ABOVE | SPACE | IS FOR FILING OFFICE | USE ONLY. | | | |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name | e or Debtor name that did not fit in | line 1b or 2b of the F | inancing S | Statement (Form UCC1) (Use | exact, full name: | | | |
| do not omit, modify, or abbreviate any part of the Debtor's name.) and enter t | he mailing address in line 10c. | | | | | | | |
| 10s. ORGANIZATION'S NAME | | | | | | | | |
| | | | | | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | | | | | |
| 100. INDIVIDUAL'S SURNAME | | | | | | | | |
| | | | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | | |
| | | | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX | | | |
| 9 | | | | | 0011111 | | | |
| 10c. MAILING ADDRESS | T- | | | | | | | |
| TOC. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY | | | |
| | C-1 | | 1 | | | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSI | GNOR SECURED PARTY | 'S NAME: Provide | noby one o | ome (11a or 11b) | | | | |
| 11a. ORGANIZATION'S NAME | | | | | | | | |
| | | | | | | | | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | Language | NAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| 1.5.11.5.11.5.1.2.5.5.5.11.11.11.1 | FINOT FEROORIE ROME | 4 | ADDITIO | NAL NAME(SYINITIAL(S) | SUFFIX | | | |
| 11c. MAILING ADDRESS | ~// |) | | | | | | |
| 11C. MAILING ADDRESS | CITY | //· | STATE | POSTAL CODE | COUNTRY | | | |
| | | 1 | | | | | | |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | | | | | |
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| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in | . 1 | | | | | | | |
| REAL ESTATE RECORDS (if applicable). | | | | . (2) | | | | |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 | covers timber to be | | extracted | collateral is filed as a | fixture filing | | | |
| (if Debtor does not have a record interest): | 16. Description of real estate SEE ATTACHEI | | | | | | | |
| , | SEE ATTACHE | D EXHIBIT -A- | | | | | | |
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| 17. MISCELLANEOUS: | | | | | | | | |
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Exhibit A

Part of the Northwest 1/4 of the Northwest 1/4 of Section 9, Township 34 North, Range 8 West of the 2nd Principal Meridian, described as; beginning at a point 25 feet South and 228.134 feet West of the Northeast comer of said tract; thence South 225 feet; thence East 80 feet; thence North 225 feet thence West 80 feet to the place of beginning, in the City of Crown Point, Lake County, Indiana.

Property or lake County Recorder