

NOT AN OFFICIAL DOCUMENT ³



UCC FINANCING STATEMENT

State Form 50181 (R3 / 9-19)

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) Joshua R. Goodwin 765-497-3328
B. E-MAIL CONTACT AT FILER (optional) jgoodwin@purduefed.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Purdue Federal Credit Union 1551 Win Hentschel Blvd PO Box 1950 West Lafayette IN 47996

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-009202
2:44 PM 2023 Mar 24

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

1a. ORGANIZATION'S NAME 1233 E North St Investments LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
15245 Washington St	Crown Point	IN	46307	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b).

3a. ORGANIZATION'S NAME Purdue Federal Credit Union				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1551 Win Hentschel Blvd PO Box 1950	West Lafayette	IN	47996	USA

4. COLLATERAL: This financing statement covers the following collateral:

Fixtures. All goods now or in the future affixed or attached to real estate. "Fixtures" means goods that have become so related to particular real property that an interest in them arises under real property law. The term "Fixtures" is as defined by the Uniform Commercial Code and further as modified or amended by the laws of the jurisdiction which governs this transaction. The goods are or are to become fixtures on: See Attached Exhibit A.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box: Lessee/Lessor Consignee/Consignor Seller/Buyer Bellee/Bailor Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

cl# 007539

\$ 25,000

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UCC FINANCING STATEMENT ADDENDUM

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

FOLLOW INSTRUCTIONS.

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here,

9a. ORGANIZATION'S NAME 1233 E North St Investments LLC	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name.) and enter the mailing address in line 10c.

10a. ORGANIZATION'S NAME			
OR			
10b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
10c. MAILING ADDRESS			
CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b).

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS			
CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collaterals):

13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable).

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

SEE ATTACHED EXHIBIT "A"

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 corner 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 of Lake County Recorder