## NOT AN OFFICIAL DOCUMENT

## **UCC FINANCING STATEMENT AMENDMENT**

| FOLLOW INSTRUCTIONS  | INDMENT   |   |                                      |  |
|--|---|---|--------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-                     | 331-3282 Fax: 818-662-4141                        | 1   |                                      |  |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  |   | GINA PIMENTEL   |                                      |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  | 49522 - Byline Bank                               | RECORDER  | 2023-00                              | 9203   |
| Lien Solutions   | 91866860  | STATE OF INDIANA LAKE COUNTY  |                                      |  |
| P.O. Box 29071<br>Glendale, CA 91209-9071  | ININ  | FILED FOR RECORD  | ) 2.44 FW 2                          | 023 Mar 24                                   |
|  | 1   |   |                                      |  |
| File with: Lake, IN  |   |   | E IS FOR FILING OFFICE               |  |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>2013-000323 8/26/2013 CC IN Lake                                    |   | <ol> <li>This FINANCING STATEM<br/>(or recorded) in the REAL I<br/>Filer: attach Amendment Adder</li> </ol> | STATE RECORDS                        | ed [for record]  Debtor's name in item 13    |
| 2. TERMINATION: Effectiveness of the Financing Statement   | nt identified above is terminated with            |   |                                      | is Termination                               |
| ASSIGNMENT (full or partial): Provide name of Assignee     For partial assignment, complete items 7 and 9 and also | in item 7a or 7b, and address of As               | signee in item 7c and name of Ass   | ignor in item 9                      |  |
| 4. CONTINUATION: Effectiveness of the Financing Statem   | ent identified above with respect to t            |   | arty authorizing this Continua       | ion Statement is                             |
| continued for the additional period provided by applicable  5. PARTY INFORMATION CHANGE:                           | i law*  |   |                                      |  |
| Check one of these two boxes:  | AND Check one of these three box                  |   |                                      |  |
| This Change affects Debtor or Secured Party of record  | CHANGE name and/or a<br>item 6a or 6b; and item 7 | ddress: Complete<br>a or 7b and item 7c 7a or 7b, a   | Complete item DELETE n               | ame: Give record name<br>ed in item 6a or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Inf   |   |   |                                      |  |
| 6a. ORGANIZATION'S NAME  | (0)   |   |                                      |  |
| V & V, INC.  |   | 1   |                                      |  |
| OR 66. INDIVIDUAL'S SURNAME  | FIRST PERSONA                                     | LNAME   | ADDITIONAL NAME(S)INITIAL(S)         | SUFFIX                                       |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignmen  | or Party Information Channe provide only o        | on name (Ca or 7h) from every full name; dr   | not omit modify or abbenviate any na | t of the Deltor's name)                      |
| 7a. ORGANIZATION'S NAME  | ,   | 2 (00 10) (00 000) (00 000)   | The come modely, or december any per |  |
| 08   |   | 1//   |                                      |  |
| 75. INDIVIDUAL'S SURNAME   |   | 7   |                                      |  |
| INDIVIDUAL'S FIRST PERSONAL NAME   |   | <del></del>   |                                      |  |
|  |   |   |                                      |  |
| INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  |   |   | 2                                    | SUFFIX                                       |
| 7c. MAILING ADDRESS  | CITY  |   | STATE POSTAL CODE                    | COUNTRY                                      |
| COLLATERAL CHANGE: Also check one of these for   | ur boxes: ADD collateral                          | DELETE collateral RE  | STATE covered collateral             | ASSIGN collateral                            |
| Indicate collateral:   | or boxes. Expo constens?                          | Decere consists Ne  | STATE COVERED COMMENT                | ASSIGN Collateral                            |
| model condition.   |   |   | -/-                                  |  |
|  |   |   |                                      |  |
|  |   |   |                                      |  |
|  |   |   |                                      |  |
|  |   |   | <b>C</b> 1                           | . ~  |
|  |   |   | ال ال                                | f dol 76                                     |
| NAME OF SECURED PARTY OF RECORD AUTHOR   | RIZING THIS AMENDMENT: Pro                        | vide only one name (9a or 9b) (name   | ne of Assignor, if this is an Assi   | gnment)                                      |
| If this is an Amendment authorized by a DEBTOR, check here   | and provide name of authorizing                   | g Debtor  |                                      |  |
| 9a. ORGANIZATION'S NAME<br>V & V, INC.   |   |   |                                      | \$25,00                                      |
| 96. INDIVIDUAL'S SURNAME   | FIRST PERSONA                                     | LNAME   | ADDITIONAL NAME(SYINITIAL(S)         | SUFFIX                                       |
|  |   |   |                                      |  |
| 0. OPTIONAL FILER REFERENCE DATA: Debtor Name:   |   |   | 44450407                             |  |
| 91866860 10501 BYLINE  |   |   | 11158427                             |  |

## NOT AN OFFICIAL DOCUMENT

| 2013-000323 8/26/2013 CC IN Lake    Tank STRINANCING STATEMENT AMENOMENT: Same as item 9 on Amandment form   |                 |
|--|-----------------|
| Tax. NORWIDUAL'S SURMANE  TRES FERSONAL NAME  ADDITIONAL SURMANE  THE ABOVE SPACE IS FOR FILING OFFICE USE  THE AB | 13): Provide or |
| THE ABOVE SPACE IS FOR FILING OFFICE USE  TABLE PROVIDUAL'S SURWAME  FIRST PERSONAL NAME  ADDITIONAL NAME(systematics)  THE ABOVE SPACE IS FOR FILING OFFICE USE  THE ABOVE SPACE IS FOR FILING OFFICE | 13): Provide or |
| FIRST PERSONAL NAME ADDITIONAL NAME(synethal(s))  13. Name of DEBTOR on related financing stallement (Name of a current Debtor of record required for indusing purposes only in some filing offices - see Instruction item ggg Debtor name (1% or 13b) (use exist, full name; do not only, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 1% ORGANIZATIONS NAME  1% ORGANIZATIONS NAME    FIRST PERSONAL NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(synethal(s))  1% ADDITIONAL SPACE FOR ITEM 8 (Collateral); Debtor Name and Address:  1% V, INC 5000 BROADWAY , MERRILLUILLE, IN 46410   | 13): Provide or |
| FRST PERSONAL NAME ADDITIONAL NAME(SYNTIMALIS)  13. Name of DESTOR on related financing stallement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction flem one Debtor name (13s or 13b) (use exist, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit  13b. ORGANIZATION'S NAME  13c. OR | 13): Provide o  |
| ADDITIONAL NAME(SYNTMALIS):  THE ABOVE SPACE IS FOR FILING OFFICE USS  THE ABOVE SPACE IS FOR FILING OFFICE USS  TABLE ABOVE SPACE IS FOR FILING OFFICE USS  THE ABOVE SPACE IS FOR FILING OFFICE  THE ABOVE SPACE IS FOR FILING OFFICE USS  THE | 13): Provide or |
| ADDITIONAL NAME(SYNTMALIS):  THE ABOVE SPACE IS FOR FILING OFFICE USS  THE ABOVE SPACE IS FOR FILING OFFICE USS  TABLE ABOVE SPACE IS FOR FILING OFFICE USS  THE ABOVE SPACE IS FOR FILING OFFICE  THE ABOVE SPACE IS FOR FILING OFFICE USS  THE | 13): Provide or |
| THE ABOVE SPACE IS FOR FILINO OFFICE USI  13. Name of DESTOR on related financing Statement (Name of a current Debtor of record required for inducing purposes only in some fling offices - see Instruction tens ggs Debtor name (13s or 13b) (see exist), off same, do not omit, modily, or abbreviate any part of the Debtor's name), see binstructors if name does not fit  13s. ORGANIZATION'S NAME  PREST PERSONAL NAME    PREST PERSONAL NAME  | 13): Provide or |
| 13. Name of DESTOR on related financing significent (Name of a current Debtor of accord required for indexing purposes only in some filling offices - see instruction like more dependent on the control of the Debtor's name; see Instructions if name does not fill 1st origonalizations in the Celebration in the Debtor's name; see Instructions if name does not fill 1st origonalizations insure does not fill 1st origonalizations insure does not fill 1st origonalizations in the Debtor's name; see Instructions if name does not fill 1st origonalizations in the Debtor's name; see Instructions if name does not fill 1st origonalizations in the Debtor's name; see Instructions if name does not fill 1st origonalizations in the Debtor's name; see Instructions if name does not fill 1st origonalizations in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructions if name does not fill 1st origonalization in the Debtor's name; see Instructi | 13): Provide or |
| ggg Debtor name (13 or 130) (use exized, All Taples, 60 not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit  13a. ORGANIZATION'S NAME  13b. RORINDULL'S BURDANNE  14. ADDITIONAL SPACE FOR ITEM 8 (Collaberal):  24betor Name and Address:  2 V, INC 5500 BROADWAY, MERRILLVILLE, IN 46410   |                 |
| TSIL ORGANIZATIONS NAME  ISIL INDIVIDUAL'S SURPAME  ISIL INDIVIDUAL'S SURPAME  ISIL INDIVIDUAL'S SURPAME  IADDITIONAL SPACE FOR ITEM 8 (Collateral):  1-ADDITIONAL SPACE FOR ITEM 8 (COLLATERAL SPACE)  1-ADDI | SUFFIX          |
| 14. ADDITIONAL SANCE FOR ITEM 8 (Collisional):  Debtor Name and Address:  / & V, INC 5500 BROADWAY, MERRILLVILLE, IN 46410   | SUFFIX          |
| 14. ADDITIONAL SANCE FOR ITEM 8 (Collisional):  Debtor Name and Address:  / & V, INC 5500 BROADWAY, MERRILLVILLE, IN 46410   | SUFFIX          |
| Debtor Name and Address:<br>& V, INC 5500 BROADWAY , MERRILLVILLE, IN 48410  | J               |
|  |                 |
|  |                 |
| 77. The same of th |                 |
|  |                 |
| CO.  |                 |
| 0  |                 |
| 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate:  |                 |
| □ covers timber to be out □ covers as-extracted collateral □ is fleet as a fisture filling  16. Name and address of a RECOBE OWNER of real estate described in item 17  (if Debtor does not have a record interest):   |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |