

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 51860 - Concord Servicing | |
| Lien Solutions P. O. Box 29071 Glendale, CA 91209-9071 | 95410555 ININ FIXTURE |
| File With: Lake, IN | |

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 | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |
| SMOLJAN | MARISA | | |
| 1c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 922 SCHILLING DR | | 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 | | | |
| Connexus Credit Union | | | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |
| | | | |
| 3c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 1 Corporate Dr, Ste 700 | | Wausau | WI 54401 USA |

4. **COLLATERAL:** This financing statement covers the following collateral:
 For goods purchased with these loan proceeds. Project: SWIMMING POOL Original Loan Amount: \$154500

| | |
|---|----------|
| 5. Check <u>only</u> if applicable and check <u>only one</u> box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only one</u> box: | |
| <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufacture-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only one</u> box: | |
| <input type="checkbox"/> Alternative Designation (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 8. OPTIONAL FILER REFERENCE DATA: | |
| 95410555 | Connexus |
| | 677697 |

NOT AN OFFICIAL DOCUMENT

UCC FINANCING STATEMENT ADDENDUM

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

| | | |
|----|-------------------------------------|--------|
| OR | 9a. ORGANIZATION'S NAME | |
| | | |
| | 9b. INDIVIDUAL'S SURNAME SMOLJAN | |
| | FIRST PERSONAL NAME MARISA | |
| | 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:

| | | | | | | |
|----------------------|--|--|------|-------|-------------|---------|
| OR | 10a. ORGANIZATION'S NAME | | | | | |
| | 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)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 11a. ORGANIZATION'S NAME | | | | |
| | | | | | |
| | 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 (Collateral):

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

14. This FINANCING STATEMENT:

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

15. Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel Identifier: 45-16-19-406-001.000-042 Legal Description: LOT 192 IN COPPER CREEK UNIT 3, AN ADDITION TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 109 PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.