C 0930731594 C 086/0132 30 001 Page 1 of 2001-08-09 11:49:46 Cook County Recorder UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Lexis Nexis Document Solutions 135 South LaSalle Street Suite-2260 14/48 325/ Chicago, IL 60603 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEG/ L N AME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME ACOSTA MEDICAL TESTING CORP., an Illinois corporation OR SHEELY 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 1c. MAILING ADDRESS CITY POSTAL CODE COUNTRY IL 60438 Lansing 2560 Bernice Avenue ADD'L INFO RE 1e. TYPE OF ORGANIZ (ION) 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION 1d. TAX ID #: SSN OR EIN ORGANIZATION 57 Illinois Corporation NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one rebter name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST JAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE COUNTRY 2d. TAX ID #: SSN OR EIN ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGA JIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (2 a c 3b) 3a. ORGANIZATION'S NAME LaSalle Bank National Association OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MICC'LE NAME \$UFF(X 3c. MAILING ADDRESS STATE POS FAL CODE COUNTRY IL 60°55 3201 N. Ashland Chicago 4. This FINANCING STATEMENT covers the following collateral: See Schedule A attached hereto and made a part hereof. 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR BAILEE/BAILOR AG. LIEN NON-UCC FILING CONSIGNEE/CONSIGNOR | SELLER/BUYER 6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the ESTATE RECORDS. Attach Addendum X All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

27161-35032

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## **EXHIBIT A**

All equipment and machinery, including power driven machinery and equipment, furniture and fixtures, personalty now owned or hereafter acquired and wherever may be located, together with all replacements thereof, all attachments, accessories, parts and tools belonging there or for use in connection therewith, all inventory, raw materials, work in process and supplies now owned or hereafter acquired and wherever may be located, all accounts receivables hereafter arising, all contract rights and general intangibles now in force or hereafter acquired and wherever may be located, leasehold improvements, patents and other rights to payment of money now existing or hereafter acquired and wherever may be located, including repossessions or returns.

LEGAL:

THE EAST 47 FEET OF LOSTS 28, 29, 30 AND 31 AND THE WEST 33 FEET OF VACATED OAKLEY AVENUE CONTIGUOUS THERETO IN BLOCK / IN PUBLIC SERVICE ADDITION, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 36 NORTH RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 30-30-303-035

COMMON ADDRESS: 2560 Bernice Avenue, Lansing, Illinois 60438

RECORD OWNER: Janie M. Acosta

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