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0020230470

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0020230470

UCC FINANCING STATEMENT

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

LexisNexis Document Solutions
135 South LaSalle
Suite 2260
Chicago, IL 60603

	`	<i>A</i>		THE ABOVE	SPACE IS FO	OR FILING OFFICE U	SE ONLY	
1.	DEBTOR'S EXACT F 1a. ORGANIZATION'S N K & O FOOD	IAME	E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names				
OR	16, INDIVIDUAL'S LAST	NAME	The state of the s	FIRST NAME	MIDDLE	NAME	SUFFIX	
	MAILING ADDRESS 84 EAST 159T	H STREET	0,5	HARVEY	STATE	60426	USA	
			1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION	19. ORGANIZATIONAL ID #, if a 58461237		y None	
2. # OR	ADDITIONAL DEBTOI 2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST	AME	LEGAL NAME - insert only one	ebtr r_me (2a or 2b) • do not abbreviate or com		me names MIDDLE NAME SUFFIX		
2c. 1	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
2d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGA (ZATION	2g. ORG	ANIZATIONAL ID #, if an	y None	
3. \$	3a. ORGANIZATION'S N	AME	OF TOTAL ASSIGNEE OF ASSIGNOR ND TRUST CO.	R S/P) - insert only one secured party name (**				
OR	36. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDE CC	NAME	SUFFIX	
3c. MAILING ADDRESS 2400 WEST 95TH STREET			EVERGREEN PARK	STATE	POSTAL CODE 00303	COUNTRY		

4. This FINANCING STATEMENT covers the following collateral:

All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles and Fixtures; whether any of the foregoing is own now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

5. ALTERNATIVE DESIGNATION [if applicable]: LESS	EE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed for reco	rd} (or recorded) in the REAL 7. Check to [if applicable] 7. [ADDITIO]	REQUEST SEARCH REPOR	(T(S) on Debtor(s)	All Debtors De	btor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		/			
	Look,	2			
	<u></u>	07/00/00)	Harland Financial	Solutions	Oregon 97204

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and bar	ck) CAREFULLY	9.10	_ ~	0230	0470	
9. NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING ST	ATEMENT	4			
K & O FOOD, INC.	93. ORGANIZATION'S NAME K & O FOOD INC					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NAME, SUFFIX	₹			
10. MISCELLANEOUS:		<u> </u>	1			
200			THE ABOVI	≣ SPACE	IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL 1 F.30 NAME - insert only or	ne debtor name (11a or 11h) - do n	ot abbreviate or comb	ine names		
11a. ORGANIZATION'S NAME	O :	12 depter manie (114 of 114) - do 1	or approving or come	, mo notnos	······································	}
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	i.	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0	CITY	96.21	STATE	POSTAL CODE	COUNTRY
11d. TAX iD #: SSN OR EIN ADD'L INFO I ORGANIZATI		1 TI, JURISDICTION OF ORG	SANIZATION	11g. OR	GANIZATIONAL ID#, if a	ny .
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert uni, one name (1	2a or 12b)		:	
12a. ORGANIZATION'S NAME		4/2				
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	7	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 14. Description of real estate. Lots 3, 4, 5 and 6 (except the Nots) in Block 7 in Percy Wilso Highlands, a Subdivision of (except South 70 feet of the Nacres of the North 30 acres) of Half of the Northwest Quarter North, Range 14, East of the Cook County, Illinois. P.I.N. 29-29-21-101-040	North 10 feet thereof of said n's First Addition to Harve except South 10 acres) and North 103 feet of South 10 the West Half of the West of Section 21; Township 3 Third Principal Meridian, in	y d D t 6	pription:	\(\sigma\)		4
15. Name and address of a RECORD OWNE (if Debtor does not have a record interest) Omar H. Badwan a/k/a Omar H. 14560 Clydesdale Lockport, IL 60441	:	17. Check only if applicable Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMITH	rustee acting with res and check only one b NG UTILITY	pect to prop		Decedent's Estate