2002-09-12

Cook County Recorder

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NÂME & PHONE OF CONTACT AT FILER [optional]

Elizabeth Gaytan 708-671-5453

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

LexisNexis Document Solutions 135 South LaSalle Street **Suite 2260** Chicago, Il 60603 175/1/22-1



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1:,	DEBTOR'S EXACT F	ULL LEG (L.) AV	E_insert only one debtor name (1a c	or 1b) s do not abbreviate or combine names		Secure Consult
	BARTOLINI	'S RES ΓA	RANT, INC.			
OR	1b. INDIVIDUAL'S LAST	NAME	1	FIRST NAME	MIDDLE NAME	SUFFIX
	MAILING ADDRESS 4420 SOUTH	PULASKI	0,5	MIDLOTHIAN	STATE POSTAL CODE IL 60445	COUNTRY U.S.A
1d,	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANI, ATION CORPORATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, il 58208582	fany NONE
2. /	ADDITIONAL DEBTO	R'S EXACT FULI	LEGAL NAME - insert only one de	ebtur rame (2a or 2b) - do not abbreviate or co	mbine names	
OR	2a. ORGANIZATION'S N	AME	•	τ_{\odot}		*
UK	2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
2c.	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 ORG SIZATION	2g. ORGANIZATIONAL ID#, if	any
3. \$	SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (32)	it ≤p)	
OR	3a. ORGANIZATION'S N	AME			14,	
	3b. INDIVIDUAL'S LAST	NAME	and the second s	FIRST NAME	MIL DLE NAME	SUFFIX
	MAILING ADDRESS 4102 S. BELL	ROAD		LOCKPORT	STATES POOR (* CODE?	COUNTRY
	This FINANCING STATEME		=	. Instruments General Intangible	s and Fivtures; whether in	of the foregoing in

owned 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)

				יכקו
5. ALTERNATIVE DESIGNATION [if app				AG. LIEN NON-UCC FILING
ESTATE RECORDS. Attach Ad			CH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	CHO.	51122-1		

UNOFFICIAL COPY

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NAME O	F FIRST DEBT		RELATED FINANCING	STATEME	NT				
	9a. ORGANIZATION'S NAME BARTOLINI'S RESTAURANT, INC.								
,	/IDUAL'S LAST N		FIRST NAME		MIDDLE NAME, SUF	FIX			
MISCEL	LANEOUS:				<u> </u>				
		D 00	e de la francisca de la						<i>*</i> ≎ *
ADDITIO	NAL DERTO	D'S EVACT EILL	LECAL MANE STATE					IS FOR FILING OFF	ICE USE ONLY
	GANIZATION'S N		LECAL NAME - insert onl	y <u>one</u> debtor	'name (11a or 11b) - d	o not abbreviate of co	mbine names		
445 100	IVIDUAL'S LAST	NAME	<u> </u>	Telev	ST NAME		MIDDLE	NAME	SUFFIX
TIB. IND	IVIDUAL S CAST	INAME) FIR.	ST NAME		MIDDLE	NAME	SUPPIX
c. MAILING	ADDRESS			CIT	Y		STATE	POSTAL CODE	COUNTRY
d. TAX ID#	SSN OR EIN	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATIO	ON KI	JURISDICTION OF O	RGANIZATION	11g, OR	GANIZATIONAL ID#, if	any N
ADD	ITIONAL SEC	URED PARTY'S	or ASSIGNOR S/F	'S NAME	- insercor.y <u>o</u> e name	(12a or 12b)	F		
12a. OR	GANIZATION'S N	AME			4				
12b. IND	IVIDUAL'S LAST	NAME	<u>.</u>	FIR	ST NAME		MIDDLE	NAME	SUFFIX
c. MAILING	ADDRESS			cm	· · · · · · · · · · · · · · · · · · ·	C	STATE	POSTAL CODE	COUNTRY
collateral, Description Block 15 East 17 (eet of Bubdivisi B6 North Cook Co	or is filed as a point of real estate. (except the reet thereof the East on in the No., Range 13 pointy, Illinois	fixture filing. West 120 Feet and the South 192 feet in in it. Ortheast 1/4 of East of the Thir	thereof and except 25 feet of the West lanus Midlothian P Section 10, Towns of Principal Meridian 0-214-016-000 C/6	the 75 ark hip , in	Additional collateral d	escription:	75	Office	
			ove-described real estate		٠.				
ucille E. 742 S.	(if Debtor does not have a record interest): scille E. Bekta 742 S. Roberts Road slos Hills, IL 60465-1470				Check <u>only</u> if applicat	-		erty held in trust or	
				1	Check <u>only</u> if applicab Debtor is a TRANSMIT	_	box.		*