2003-01-03 15:08:38 Cook County Recorder

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGEMENT TO: (Name and Address) LexisNexis Document Solutions P. O. Box 2969 Springfield, Illinois 62708

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This FINANCING STATEMENT covers the following collateral:

All Fixtures; Furniture and Equipment (related to real estate) whether any of the foregoing is 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; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) on real property located at 1749 West Chariot Court, Mount Prospect, Illinois 60056. Real Estate tax identification number is 08-22-401-045-0000.

5 ALTCHNITUE DECIDATION		
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESS	R CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUY	ER AG, LIEN NON-LICC FILING
 This FINANCING STATEMENT is to be filed [for record] (or record) Attach Addendum 	ded) in the REAL 7 Check to REQUEST SEARCH REPORT(S) on Debtor(s)	ER AG. LIEN NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA	In applicable I ADDITIONAL FEET Continual	All Debtors Debtor 1 Debtor 2
Cook County Recorder (1000017005)	_	

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	9a. ORGANIZATION'S	NAME	THEER PHANCING S	TATEMENT				
.	JALARAMI	DEV, INC.			J			
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	NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING ST	ATEMENT	1			
	9a. ORGANIZATION'S NAME JALARAMDEV, INC.			ĺ			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
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10	11b. INDIVIDUAL'S LAST NAME MAILING ADDRESS		FIRST NAME		MIDDLE	NAME	SUFFIX
_		0	CITY		STATE	POSTAL CODE	COUNTRY
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