MNOFFICIAL COPY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] MARSHALL H. HONG (773-588-6215) B. SEND ACKNOWLEDGMENT TO: (Name and Address) MARSHALL H. HONG ATTORNEY AT LAW 3754 WEST LAWRENCE AVE. CHICAGO, ILLINOIS 60625

Eugene "Gene" Moore Fee: \$26.50

Cook County Recorder of Deeds

Date: 05/16/2003 12:14 PM Pg: 1 of 1

	<u> </u>	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY							
1. DEBTOR'S EXACTE	ULL LECAL NAME -insert only one debtor name (1	a or 1b) - do not abbreviate or combine names							
1a. ORGANIZATION'S									
	RESTAURANT				1				
OR 15. INDIVIDUAL'SLASTNAME		FIRST NAME	MIDDLE NAME		SUFFIX				
KIM	7,	SHAWN							
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY				
9353 MILWAUKEE AVE.		NILES	IL	60714	USA				
1d. SEEINSTRUCTIONS	ADD'L INFO RE 1e TYPE OF OF GANIZATI	ON 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #. if any						
TO. SELECTION OF THE SE	ORGANIZATION DEBTOR			NON					
2 ADDITIONAL DEBTO	OR'S EXACT FULL LEGAL NAME - insert or	y 🔾 e debtor name (2a or 2b) - do not abbreviate or com	oine names						
2a, ORGANIZATION'S									
		0/2			Talleen				
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX				
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY				
2d. SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZAT	TION 2f. JURISDICTIO 10' O. GANIZATION 2g. ORGANIZATIONAL ID #, if		SANIZATIONAL ID#, if an	у				
	ORGANIZATION '		NON						
3 SECURED PARTY	S NAME (at NAME of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured pt 1, name (3a or 3b)							
3a. ORGANIZATION'S									
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MINDSEE IN CITE		SUFFIX				
PARK		SU	BOK						
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY				
3754 WEST	LAWRENCE AVE.	CHICAGO	II.	60625	USA				

4. This FINANCING STATEMENT covers the following collateral:

ALL THE ASSETS, EQUIPMENT, AND FIXTURES NOW OWNED OR LATER ACQUIRED BY DEPTOR WHEREVER LOCATED, AND ALL ADDITIONS, ATTACHMENTS, ACCESSIONS, PARTS, REPLACEMENTS, SUBSTITUTIONS, AND RENEWALS OF OR FOR ALL EQUIPMENT AND FIXTURES OF DEBTOR WHEREVER LOCATED AND WHETHER NOW OWNED OR LATER ACQUIRED AND ALL RECORDS, INVENTORY, ACCOUNTS RECEIVABLE INCLUDING CASH, ACCOUNTS, AND OTHER NON-CASH PROCEEDS ASSOCIATED WITH THE BUSINESS KNOWN AS NUL BOM RESTAURANT (OR SUCH OTHER BUSINESS NAME AS MAY BE USED BY DEBTOR), LOCATED ON THE PREMISES COMMONLY KNOWN AS 9353 MILWAUKEE AVE, NILES, ILLINOIS 60714.

5, ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [ESTATE RECORDS. Attach Addendum		the REAL 7. Check to REQ If applicable! JADDITIONAL	UEST SEARCH REPOR FEEI	RT(S) on Debtor(s) loptional	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						