Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds

FOLLOW INSTRUCTION		CAREFILLA				
A. NAME & PHONE OF						
B. SEND ACKNOWLE	OGEMENT TO: (Na	me and Address)				
	Bank & Trust Co Harlem Ave.	ompany	ē.			
Harwood	t Heigths, IL 607	706				
	^					
4 DERTORIO EVANT					OR FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT		E - insert only one debtor name	(1a or 1b) - do not abbreviate or combine names	<u> </u>		
JETSONIC	PETROLEU	M, L.L.C, AN II	LINOIS LIMITED LIABI	LITY COM	IPANY	
16. INDIVIDUAL'S LAS	ST NAME	71.	FIRST NAME	MIDDLE	NAME	SUFFIX
(T	
Lo. MAILING ADDRESS 330 KATHLE	EN DR, #3	Ox	CITY ELGIN	STATE IL	POSTAL CODE 60123	COUNTRY
	ADD'L INFO RE	1e. TYPE OF ORCANIZATION	ELGIN 1f. JURISDICTION OF ORGANIZATION	IL 1g. ORG	60123 SANIZATIONAL ID #, if an	USA
330 KATHLE		16. TYPE OF ORCANIZATION LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION	IL 1g. ORG	60123	USA
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL	LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION	IL 19. ORG 30-0	60123 SANIZATIONAL ID #, if an	USA
330 KATHLE	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL	LIMITED LIAB	ELGIN 11. JURISDICTION OF ORGANIZATION ILITICO.	IL 19. ORG 30-0	60123 SANIZATIONAL ID #, if an	USA
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LIMITED LIAB	ELGIN 11. JURISDICTION OF ORGANIZATION ILITICO.	IL 19. ORG 30-0	60123 BANIZATIONAL ID #, if an 0027049	USA
330 KATHLE. Id. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. no de stor name (2a or 2b) - do not abbreviate or organization.	II. 19. ORG 30-0 combine names	60123 BANIZATIONAL ID #, if an 0027049	USA □ NC
330 KATHLE. Id. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. no de stor name (2a or 2b) - do not abbreviate or organization.	II. 19. ORG 30-0 combine names	60123 BANIZATIONAL ID #, if an 0027049	USA □ NC
330 KATHLE 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a ORGANIZATION'S 2b. INDIVIDUAL'S LAS	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. Prodrutor name (2a or 2b) - do not abbreviate or of the control of the cont	II. 19. ORG 30-0 combine names	60123 SANIZATIONAL ID #, if an 0027049 NAME	SUFFIX COUNTRY
330 KATHLE: Id. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LIMITED LIAB	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. 1r. dr utor name (2a or 2b) - do not abbreviate or organization FIRST NAME CITY	II. 19. ORG 30-0 combine names	60123 SANIZATIONAL ID #, If an 10027049 NAME	SUFFIX COUNTRY
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME ADD'L INFO RE ORGANIZATION DEBTOR	LIMITED LIAN LEGAL NAME - insert only o	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. Pr. dr utor name (2a or 2b) - do not abbreviate or organization FIRST NAME CITY 2f. JURISDICTION OF GRANIZATION	IIL 19. ORG 30-0 combine names MIDDLE STATE 29. ORG	60123 SANIZATIONAL ID #, if an 0027049 NAME	SUFFIX COUNTRY
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY [3a. ORGANIZATION'S	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME NAME)	LIMITED LIAN LEGAL NAME - insert only of TOTAL ASSIGNEE of ASSIGN	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. 1r. dr utor name (2a or 2b) - do not abbreviate or organization FIRST NAME CITY	IIL 19. ORG 30-0 combine names MIDDLE STATE 29. ORG	60123 SANIZATIONAL ID #, if an 0027049 NAME	SUFFIX COUNTRY
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY 3a. ORGANIZATION'S PARKWAY	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME NAME NAME PANK & T	LIMITED LIAN LEGAL NAME - insert only of TOTAL ASSIGNEE of ASSIGN	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. 1c. of stor name (2a or 2b) - do not abbreviate or organization FIRST NAME. CITY 2f. JURISDICTION OF GRANIZATION NOR S/P) - insert only one secured party name (3)	IIL 19. ORG 30-0 combine names MIDDLE STATE 29. ORG	60123 SANIZATIONAL ID #, if an 0027049 NAME POSTAL CODE SANIZATIONAL ID #, if an	SUFFIX COUNTRY
330 KATHLE. Id. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID # SSN OR EIN 3. SECURED PARTY 3a. ORGANIZATION'S PARKWAY	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME NAME NAME PANK & T	LIMITED LIAN LEGAL NAME - insert only of TOTAL ASSIGNEE of ASSIGN	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. Pr. dr utor name (2a or 2b) - do not abbreviate or organization FIRST NAME CITY 2f. JURISDICTION OF GRANIZATION	IIL 19. ORG 30-0 combine names MIDDLE STATE 29. ORG	60123 SANIZATIONAL ID #, if an 0027049 NAME POSTAL CODE SANIZATIONAL ID #, if an	SUFFIX COUNTRY
330 KATHLE: 1d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY 3a. ORGANIZATION'S PARKWAY	ADD'L INFO RE ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME NAME NAME TAME TO NAME	LIMITED LIAN LEGAL NAME - insert only of TOTAL ASSIGNEE of ASSIGN	ELGIN 1f. JURISDICTION OF ORGANIZATION ILITALCO. 1c. of stor name (2a or 2b) - do not abbreviate or organization FIRST NAME. CITY 2f. JURISDICTION OF GRANIZATION NOR S/P) - insert only one secured party name (3)	IIL 19 ORG 30-0 combine names MIDDLE STATE 29 ORG	60123 SANIZATIONAL ID #, if an 0027049 NAME POSTAL CODE SANIZATIONAL ID #, if an	SUFFIX COUNTRY

of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

80x 333-CP

5. ALTERNATIVE DESIGNATION [if applicable]:				SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded)	in the REAL 7. Check to	o REQUEST SEARCH REP ONAL FEE!	ORT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				1003.07.01		DODAGE 2

0316133157 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCING STATEM FOLLOWINSTRUCTIONS (front and back					
9. NAME OF FIRST DEBTOR (1a or 1b)					
9a. ORGANIZATION'S NAME JETSONIC PETROLE	UM, L.L.C, AN ILL	INOIS LIMIT			
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
200					
(THE ABOVE SPAC	E IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	ULL LECAL NAME - insert only on	e debtor name (11a or 11b) - do not	abbreviate or combine name	s	
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	E NAME	SUFFIX
11c. MAILING ADDRESS	0	CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RI ORGANIZATIO DEBTOR	11e. TYPE OF ORGANIZATION	111. JURISDICTION OF ORGAN	NIZATION 11g. O	RGANIZATIONAL ID#, if a	Iny NON
12. ADDITIONAL SECURED PART	Y'S <u>or</u> ASSIGNOR S/P'S I	VAMEsr nly <u>one</u> name (12a	or 12b)		
12a. ORGANIZATION'S NAME					
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	E NAME	SUFFIX
		<i>y</i>			
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers collateral, or is filled as a fixture filling. 14. Description of real estate: 	mber to be cut or X as-extracted	16. Additional collateral descrip	4	Diffico	
15. Name and address of a RECORD OWNER ((if Debtor does not have a record interest):	of above-described real estate	17. Check only if applicable and Debtor is a Trust or Trust 18. Check only if applicable and Debtor is a TRANSMITTING	tee acting with respect to produce the control one box. UTILITY		Decedent's Estate
		Filed in connection with a Pu			
		PURE IN CONNECTION WITH a PU	TOTAL THAT IS IT ANSACTION	enective for 30 years	

0316133157 Page: 3 of 3

UNOFFICIAL COPY

5. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

THE NORTHEASTERLY 1.62 ACRES OF LOT 18 (MEASURED SO AS TO GIVE EQUAL DISTANCES ALONG NORTH AND SOUTHEASTERLY LINE OF SAID LOT 18) IN COUNTY CLERK'S DIVISION OF SECTION 27, TOWNSHIP 37 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART DESCRIBED AS FOLLOWS:: BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF LOT 18 WITH THE SOUTHWESTERLY LINE OF SAID NORTHEASTERLY 1.62 ACRES SAID LOT 18, SAID INTERSECTION BEING 445 FEET 5 5/8 INCHES MORE OR LESS WEST OF THE NORTHEAST CORNER OF LOT 18; THENCE SOUTHEASTERLY ALONG SAID SOUTHWESTERLY LINE OF THE ABOVE MENTIONED NORTHEASTERLY 1.62 ACRES, FOR A DISTANCE OF 332 FEET 1/4 LICHES MORE OR LESS TO AN INTERSECTION WITH THE SOUTHEASTERLY LINE OF SAID LOT 18, SAID INTERSECTION BEING 455 FEET 5 5/8 INCHES MORE OR LESS SOUTHWESTERLY OF THE 1 OF THEASTERLY CORNER OF LOT 18; THENCE NORTHEASTERLY ALONG THE SOUTHEASTIRLY LINE OF LOT 18, FOR A DISTANCE OF 75 FEET; THENCE NORTHWESTERLY ALONG A LINI HICH IS PARALLEL WITH SAID SOUTHWESTERLY LINE OF THE NORTHEASTERLY 1.62 ACRES OF LCT 18, FOR A DISTANCE OF 135 FEET 5 1/4 INCHES; THENCE SOUTHWESTERLY AL ING A LINE WHICH IS PARALLEL WITH THE SOUTHEASTERLY LINE OF SAID LOT 18 FOR A DISTANCE OF 59 FEET MORE OR LESS TO A POINT WHICH IS 15 FEET NORTHEASTERLY (MEASURED AT RIGHT ANGLES) FROM THE SOUTHWESTERLY LINE OF SAID NORTHEASTERLY 1.62 ACRES; THENCE NORTHWESTERLY ALONG A LINE WHICH IS PARALLEL WITH AND 15 FEET NORTHEAS LRLY OF (MEASURED AT RIGHT ANGLES) FROM THE SOUTHWESTERLY LINE OF SAID NORTHEASTERLY 1.62 ACRES TO AN INTERSECTION WITH THE NORTH LINE OF LOT 18; THENCE LESTERLY ALONG THE NORTH LINE OF LOT 18 TO THE POINT OF BEGINNING), EXCEPT FROM SAID TWOCT OF LAND THE SOUTHEASTERLY 50 FEET AS MEASURED AT RIGHT ANGLES FROM THE CENTER LINE OF ARCHER AVENUE, ALL IN COOK COUNTY, ILLINOIS.

22 21 301 - 824