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A. NAME & PHONE OF CONTACT AT FILER [optional] 3. SEND ACKNOWLEDGEMENT TO: (Name and Address)		0323733160 0323733160 Fee: \$26.00				
LexisNexis Document Solutions		Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 08/25/2003 01:14 PM Pg: 1 of 2				
P.O. Box 2969 Springfield, IL 62708						
L 1796767-8		OVE SPACE IS FO	DR FILING OFFICE (JSE ONLY		
DEBTOR'S EXACT FULL L.FG'. NAME - insert only one debtor name (1a	a or 1b) - do not abbreviate or combine name	9S				
R 1b. INDIVIDUAL'S LAST NAME	I SUPPLY NAME	lung. c	NAME.			
HOLLEY	FIRST NAME GEORGE	$\overset{ MIDDLE }{H}.$	NAME	SUFFIX		
MAILING ADDRESS 7 TWILIGHT PLACE	NORWALK	STATE CT	POSTAL CODE 06854	COUNTRY		
TAX ID #: SSN OR EIN ADD'L INFO RE 19. TYPE OF ORG (NIZATION ORGANIZATION DEBTOR INDIVIDUAL	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if a	ny X		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a ORGANIZATION'S NAME	de vor name (2a or 2b) - do not abbreviate o	r combine names				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX			
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF CRGANIZATION	2g. ORG	ANIZATIONAL ID#, if al	ny No		
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R S/P) - insert only one secured party num -	(3 _k or 3b)				
LASALLE BANK NATIONAL ASSOCIAT	ΓΙΟΝ	4				
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	M.DDLE	M.DDLE NAME SUFF			
MAILING ADDRESS 35 SOUTH LASALLE STREET	CHICAGO	STA. C	FOSTAL CODE 60603	COUNTRY		
This FINANCING STATEMENT covers the following collateral:	VEDTOD.	·····	CO	<u> </u>		
ALL ASSETS AND ALL PERSONAL PROPERTY OWNED BY D	DEBTOR		C			

5373040629-7156

8. OPTIONAL FILER REFERENCE DATA COOK COUNTY

All Debtors

Debtor 1 Debtor 2

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UCC FINANCING STATE						
9. NAME OF FIRST DEBTOR (1a or						
9a. ORGANIZATION'S NAME	,					
OR -						
96. INDIVIDUAL'S LAST NAME HOLLEY	FIRST NAME GEORGE	MIDDLE NAME, SUFFIX H.				
10. MISCELLANEOUS:						
			THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LECAL NAME - insert only one d	ebtor name (11a or 11b) - do no	t abbreviate or combin	e names		
11a. ORGANIZATION'S NAME						
OR WINDSHALL NOT NAME	O _x					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS	00	CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. ORG	.L SANIZATIONAL ID #, if a	iny NONE
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S NA	ME - ms it only one name (12a	or 12b)			
12a. ORGANIZATION'S NAME		0/2				
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE 1	JAME	SUFFIX
		THO WAVE		MIDDLE	VAIVIL	SUPPLA
12c. MAILING ADDRESS		CITY		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 IN E.E. BETT'S AND 9 IN BLOCK 21 IN NORTH SECTION OF QUILMETTE RESENORTH, RANGE 13 EAST (MERIDIAN, IN COOK COUNTY, PIN 05-34-422-015 ADDRESS 1937-39 W. Central	RESUBDIVISION OF LOTS 8 I EVANSTON IN THE SOUTH ERVATION IN TOWNSHIP 42 DF THE THIRD PRINCIPAL ILLINOIS	16. Additional collateral descri	1	C		
15. Name and address of a RECORD OWNE (if Debtor does not have a record interest)	r	17. Check only if applicable an Debtor is a Trust or Trus 18. Check only if applicable an Debtor is a TRANSMITTING Filed in connection with a Purification of the properties	stee acting with respect d check <u>only</u> one box. UTILITY anufactured-Home Tra	insaction -	- effective 30 years	Decedent's Estate

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

Harland Financial Solutions
400 S.W. 6th Avenue, Portland, Oregon 97204