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| 040154527 |  |
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## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Please Return To:

CT CORPORATION SYSTEM

Attn: Matt McEwen

208 S. LaSalle Street, Ste. 814

Chicago, IL 60604

Doc#: 0401545221

Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 01/15/2004 03:16 PM Pg: 1 of 2

| ᆫ   |                         |                           |                                       | I THE ABOV                                       | E SPACE IS FO                   | OR FILING OFFICE U       | CE ONLY  |  |
|---|-------------------------|---------------------------|---------------------------------------|--|---------------------------------|--------------------------|--|--|
| 1. C  | EBTOR'S EXACT FU        | JLL LEGAL NAM             | E - insert only one debtor name (1a c | or 1b) - do not abbreviate or combine names      | 2017/02/014                     | SITTICE OF               | SEONLT   |  |
|   | 1a. OHGANIZATION'S NA   | ME                        | 0                                     |  |                                 |                          |  |  |
| OB  | QUARTERS, L             |                           | - /^x                                 |  |                                 |                          |  |  |
| OH  | 1b. INDIVIDUAL'S LAST N | IAME                      | 9                                     | FIRST NAME                                       | MIDDLE                          | NAME                     | SUFFIX   |  |
| 1c. N   | MAILING ADDRESS         |                           | <del></del>                           | CITY   | STATE                           | POSTAL CODE              | 20/4/70/   |  |
| 417 S. ARLINGTON HEIGHTS RD.  |                         |                           |                                       | ARLINGTON HEIGHTS                                | IL                              | 60005                    | COUNTRY  |  |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANI, ATION ORGANIZATION |                         | 1e. TYPE OF ORGANI, ATION | 11. JURISDICTION OF ORGANIZATION      | 1g. ORG  | 1g. ORGANIZATIONAL ID #, if any |                          |  |  |
|   |                         | DEBTOR Limite             | Limited Liability ('o.)               | ILLINOIS   | 0071                            | 00712345                 |  |  |
| 2. A  | DDITIONAL DEBTOR        | S EXACT FULL              | LEGAL NAME - insert only one de       | or .or .ame (2a or 2b) - do not abbreviate or co | mbine names                     |                          | NONE   |  |
|   | 2a. ORGANIZATION'S NA   | ME                        |                                       | 10   |                                 |                          |  |  |
| OR 2b. INDIVIDUAL'S LAST NAME   |                         | FIRST                     | MIDDLE                                | MIDDLE NAME                                      |                                 |                          |  |  |
| 2c. MAILING ADDRESS   |                         |                           |                                       | CITY   | STATE                           | POSTAL CODE              | COUNTRY  |  |
| 2d. T   | AX ID #: SSN OR EIN     |                           | 2e. TYPE OF ORGANIZATION              | 2f. JURISDICTION OF ORGANIZATION                 | 2g. ORG                         | ANIZATIONAL ID #, if any | <del>,                                    </del> |  |
|   |                         | ORGANIZATION<br>DEBTOR    |                                       |  |                                 |                          | NONE   |  |
| 3. S  | ECURED PARTY'S          | NAME (or NAME of          | of TOTAL ASSIGNEE of ASSIGNOR S       | S/P) - insert only one secured party name (3r o  | or SD1                          |                          |  |  |
|   | 3a. ORGANIZATION'S NA   |                           |                                       |  | CAV                             |                          |  |  |
| 0.0   | CITIBANK, F.S           | CITIBANK, F.S.B.          |                                       |  |                                 |                          |  |  |
| UH  | 3b. INDIVIDUAL'S LAST N | IAME                      |                                       | FIRST NAME                                       | MIDELE                          | NAME                     | SUFFIX   |  |
| 3c. MAILING ADDRESS   |                         |                           | CITY                                  | STATE  | POST/ L CODE                    | COUNTRY                  |  |  |
| 500 W. MADISON  |                         |                           | CHICAGO                               | IL   |                                 |                          |  |  |
| 4. T  | nis FINANCING STATEME   | NT covers the follow      | ving collateral:                      |  | -                               |                          | <u> </u>   |  |

ALL OF DEBTOR'S FIXTURES LOCATED AT: 417 SOUTH ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL 60005

| 5. ALTERNATIVE DESIGNATION [II applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR   | SELLER/BUYER                  | AG, LIEN NON         | <br>-UCC FILING            |
|---|-------------------------------|----------------------|----------------------------|
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT (ADDITIONAL FEE) | RT(S) on Debtor(s) [optional] | All Debtors Debtor 1 | Debtor 2                   |
| 8. OPTIONAL FILER REFERENCE DATA  | ( 0                           | 19791                | <i>( ( ( ( ( ( ( ( ( (</i> |

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0401545221 Page: 2 of 2

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| UCC FINANCING STA  | ATEMENT ADDENDUM   |                  |                         |                            |             |   |                   |
|--|--|------------------|-------------------------|----------------------------|-------------|---|-------------------|
| 9 NAME OF FIRST DEPTOR (1  | and back) CAREFULLY  |                  |                         |                            |             |   |                   |
| 9a. ORGANIZATION'S NAME  | a or 1b) ON RELATED FINANCING STA  | TEMENT           |                         |                            |             |   |                   |
| QUARTERS, LLC  |  |                  |                         |                            |             |   |                   |
| UR   |  |                  |                         |                            |             |   |                   |
| 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE           | NAME, SUFFIX            |                            |             |   |                   |
| 10. MISCELLANEOUS:   |  |                  |                         |                            |             |   |                   |
|  |  |                  |                         | THE AROUS                  | E SDACE     | IS FOR FILING OFFI                      | 0.5110.5.011.11   |
| 11 ADDITIONAL DESTOR'S EVA   | ACT FULL LICO L MANE   |                  |                         | THE ABOVE                  | ESPACE      | S FOR FILING OFFI                       | CE USE ONLY       |
| 11a. ORGANIZATION'S NAME   | ACT FULL LEG A NAME - insert only one n  | ame (11a or 11b) | - do not abbrevi        | ate or combine nam         | nes         |   |                   |
|  | 0  |                  |                         |                            |             |   |                   |
| OR THE WELLEN TO LACE THE  |  |                  |                         |                            |             |   |                   |
| 11b. INDIVIDUAL'S LAST NAME  | C  | FIRST NAME       |                         |                            | MIDDLE      | NAME                                    | SUFFIX            |
| 11c. MAILING ADDRESS   |  | CITY             |                         |                            | STATE       | POSTAL CODE                             | COUNTRY           |
|  |  | )/               |                         |                            |             | , GOTTIE GOODE                          | COOMINI           |
| 11d. TAX ID #: SSN OR EIN ADD'L I  | NFO RE 11e. TYPE OF ORGANIZATION   | 1 f. JURISDICT   | ONOFORGAN               | IZATION                    | 11- 000     | *************************************** |                   |
| ORGAN  | IZATION '  | THE SOLIGISTS !  | ON OF ORGAN             | IZATION                    | ing, OHG    | ANIZATIONAL ID #, if a                  | .ny               |
| DEBTO  | <del></del>  |                  |                         |                            | 1.          |   | NONE              |
| 12. ADDITIONAL SECURED   | PARTY'S or ASSIGNOR S/P'S  | NAME - in ert    | o ily <u>one</u> name ( | 12a or 12b)                |             |   |                   |
| 12a. ORGANIZATION'S NAME   |  |                  | <u> </u>                |                            |             |   | <del></del> -     |
|  |  |                  | 47                      |                            |             |   |                   |
| OR 12b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME       | /_X-                    |                            | MIDDLE      | LIAAAT                                  |                   |
|  |  | 1                |                         |                            | MIDDLE      | VAIME                                   | SUFFIX            |
|  |  | ļ                |                         |                            |             |   |                   |
| 12c. MAILING ADDRESS   |  | CITY             |                         |                            | STATE       | POSTAL CODE                             | COUNTRY           |
|  |  |                  |                         |                            |             |   |                   |
| 13. This FINANCING STATEMENT cover                                       | ers timber to be cut or as-extracted   | 16. Additional o | ollateral descrip       | tion:                      |             |   |                   |
| collateral, or is filed as a 😿 fixture                                   | e filing.  |                  |                         |                            | Ζ.          |   |                   |
| 14. Description of real estate:  | <b>3</b> .   |                  |                         |                            |             |   |                   |
| •  | HE WEST 1/2 OF 20 FEET   |                  |                         |                            | . 2         |   |                   |
| ADJACENT SAID LOTS<br>SUBDIVSION OF PART<br>EAST 1/2 AND PART O          | IN SCARSDALE, A OF THE WEST 1/2 OF THE F THE EAST 1/2 OF THE 32, TOWNSHIP 42 NORTH, HE THIRD PRINCIPAL |                  |                         |                            | ,           | Offica                                  |                   |
| PIN #: 03-32-122-001-000<br>03-32-122-003-0000                           | 00, 03-32-122-002-0000 and   |                  |                         |                            |             |   |                   |
| 15. Name and address of a RECORD C (if Debtor does not have a record int |  |                  |                         |                            |             |   |                   |
|  |  | 17 Charles-      | if applicable ***       | d abook ask ass he         | ~           |   |                   |
|  |  | 1                |                         | d check only one bo        |             |   |                   |
|  |  |                  |                         |                            |             | roperty held in trust or                | Decedent's Estate |
|  |  | 18. Check only   | if applicable an        | d check <u>only</u> one bo | ox.         |   |                   |
|  |  | Debtor is a      | TRANSMITTING            | UTILITY                    |             |   |                   |
|  |  | Filed in cor     | nection with a M        | Manufactured-Home          | Transaction | — effective 30 years                    |                   |
|  |  | =                |                         | ublic-Finance Tran         |             |   |                   |
|  |  | 11-1             |                         |                            |             |   |                   |

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)
NATUCCI - 5/4/01 CT System Online