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UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | |
| | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| | |
| PAMELA J. SANDBORG, ESQ. | |
| LEVENFELD PEARLSTEIN | |
| 211 WAUKEGAN ROAD | |
| SUITE 300 | |
| NORTHFULD, ILLINOIS 6009 | |
| | |



Doc#: 0402233163 Eugene "Gene" Moore Fee: \$32.00 Cook County Recorder of Deeds Date: 01/22/2004 09:23 AM Pg: 1 of 5

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | THE ABOV | E OI AGE IO I C | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - C O(1/C) |
|------|-------------------------|------------------------|--|---|-------------------|--|------------|
| 1. | DEBTOR'S EXACT F | ULL LEGAL NAM | E - insert only <u>one</u> debtor name (1a | or 1b) - do not abbreviate or combine names | | | |
| | 1a. ORGANIZATION'S N | AME | \ | | | , | |
| | 3464 KNOX, | LLC C | / - | | | | |
| OR | 16. INDIVIDUAL'S LAST | NAME | 77. | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | | | | |
| 1c. | MAILING ADDRESS | | 0x | СПУ | STATE | POSTAL CODE | COUNTRY |
| 70 | 09 NORTH MA | AIN STREE | T | MOUNT PROSPECT | | 60056 | USA |
| 1d. | TAX ID #: SSN OR EIN | | 1e. TYPE OF ORGAN ZATIO. | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | NIZATIONAL ID #, if any | |
| | | ORGANIZATION DEBTOR | LLC | ILLINOIS | _[0093 | 367-8 | NONE |
| 2. / | ADDITIONAL DEBTOR | R'S EXACT FULL | LEGAL NAME - insert only on Id | teh or .ame (2a or 2b) - do not abbreviate or con | nbine names | | |
| | 2a. ORGANIZATION'S NA | AME | | ケ | | | |
| | | | | ' (| | | |
| OR | 2b. INDIVIDUAL'S LAST I | VAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | 0, | | | |
| 2c. | MAILING ADDRESS | | | ату . | STATE | POSTAL CODE | COUNTRY |
| | | | | /// | | | |
| 2d. | TAX ID #: SSN OR EIN | | 2e. TYPE OF ORGANIZATION | 21. JURISDICTION OF ORCAN ZATION | 2g. ORG/ | NIZATIONAL ID #, if any | |
| | | ORGANIZATION DEBTOR | | | I | | NONE |
| 3. 8 | SECURED PARTY'S | NAME (or NAME o | TOTAL ASSIGNEE of ASSIGNOR | S/P) - insert only one secured party name (2a c | Зb) | <u> </u> | |
| | 3a. ORGANIZATION'S NA | ME | | 7 | 0. | | |
| | COLE TAYL | OR BANK | ' | ` | | | |
| OR | 3b. INDIVIDUAL'S LAST N | IAME | | FIRST NAME | I IDDLE | NAME | SUFFIX |
| | | | | | 1.0 | | |
| | MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 11 | 1 W. WASHII | NGTON ST | ., SUITE 400 | CHICAGO | IL | COEU ? | |

4. This FINANCING STATEMENT covers the following collateral:

SEE SCHEDULE 1 ATTACHED HERETO AND MADE A PART HEREOF.

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| | ALTERNATIVE DESIGNATION [if applicable]: | | | CONSIGNOR | BAILEE/BAILOR | SELLER/8UYER | AG. LIEN | NON-L | JCC FILING |
|----|---|-----------------------------|--------------------------------|--------------------------------|--------------------------|-----------------------------------|-------------|----------|------------|
| 6. | X This FINANCING STATEMENT is to be filed (ESTATE RECORDS. Attach Addendum | for record) (or recorded) i | in the REAL (if applicable) | 7. Check to REQ [ADDITIONAL | UEST SEARCH REPO FEE) | ORT(S) on Debtor(s) [optional] | All Debtors | Debtor 1 | Debtor 2 |
| 8. | OPTIONAL FILER REFERENCE DATA | | | | | | | | |
| | 10513-50499 | | | | | | | | |

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| UCC FINANCING STATEMENT | | | |
|--|---|--------------------------------|----------|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | • | |
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| | ٦ | | |
| PAMELA J. SANDBORG, ESQ. | 1 | | |
| LEVENFELD PEARLSTEIN |] | | |
| 211 WAUKEGAN ROAD | | | |
| SUITE 300 | | | |
| NORTHFULD, ILLINOIS 6009 | l l | | |
| | THE ABOVE | SPACE IS FOR FILING OFFICE U | ISE ONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name | | | |
| 1a, ORGANIZATION'S NAME | | | |
| OR THE INDUSTRIAL STATE NAME | | | |
| OR 16. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 709 NORTH MAIN STREET | MOUNT PROSPECT | IL 60056 | USA |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGAL IZATIC N | 1f, JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if an | у |
| ORGANIZATION LLC | ILLINOIS | 0093367-8 | NON |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or | a der tor name (2a or 2b) - do not abbreviate or comb | ine names | |
| 2a. ORGANIZATION'S NAME | T | | |
| OR 25 INDIVIDUAL'S LAST NAME | TFIRS NAME | MIDDLE NAME | SUFFIX |
| 20. INDIVIDORE O DIGITIONIC | 0. | | |
| L 2c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| | ⁷ O _x | | |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION | 2f. JURISDICTION OF OR SAF (ZATION | 2g. ORGANIZATIONAL ID #, if an | у |
| DEBTOR | | | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN | OR S/P) - insert only one secured party nation/3a c/3 | 3b) | |
| 3a. ORGANIZATION'S NAME COLE TAYLOR BANK | .0 | | |
| OR 35. INDIVIDUAL'S LAST NAME | FIRST NAME | I AIDOLÉ NAME | SUFFIX |
| | | 10 | |
| | cny | STATE POSTAL CODE | COUNTRY |
| 3c. MAILING ADDRESS | | | |
| 3c. mailing address 111 W. WASHINGTON ST., SUITE 400 | CHICAGO | IL 50602 | |

| | ALTERNATIVE DESIGNA | | | CONSIGNEE/ | CONSIGNOR | BAILEE/BAILOR | \$ELLER/BUYER | AG. LIEN | NON-UCC FILING |
|----|----------------------|---|---------------------------|------------------------------|-------------------------------------|------------------|----------------------------------|-------------|-------------------|
| 6. | This FINANCING STA | TEMENT is to be filed [i Attach Addendum | for record] (or recorded) | in the REAL (if applicable) | 7. Check to REQUE (ADDITIONAL FE | EST SEARCH REPOR | RT(S) on Debtor(s) [optional] | All Debtors | Debtor 1 Debtor 2 |
| | OPTIONAL FILER REFER | | | | | | | | |
| | 10513-50499 | | | | | | | | |
| | | | | | | | | | |

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| UCC FINANCING STATI | | | | | | | |
|---|----------------------------------|------------------------------|----------------|---------------------------|--------------|-------------------------|---|
| 9. NAME OF FIRST DEBTOR (1a or | | ATEMENT | | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | | |
| 3464 KNOX, LLC | | | I | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAI | AE,SUFFIX | | | | |
| 10. MISCELLANEOUS: | | | | | | | |
| S | | | | | | | |
| | C/A | | | THE ABOVI | E SPACE | IS FOR FILING OFF | ICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT | | name (11a or 11b) - do | not abbrevia | | | , | |
| 11a, ORGANIZATION'S NAME | | · · · · · · | | | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | <u> </u> | - Incompany | | | 1 | | 1 |
| TIO. INDIVIDUAL S LAST NAME | · C | FIRST NAME | | | MIDDLE | NAME | SUFFIX |
| 11c. MAILING ADDRESS | 0 | CITY | | | STATE | POSTAL CODE | COUNTRY |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATI DEBTOR | RE 116. TYPE OF ORGANIZATION ON | JURISDICTION | OF ORGANI | ZATION | 11g. OR | GANIZATIONAL ID #, if a | Iny Non |
| 12. ADDITIONAL SECURED PAR | TY'S or ASSIGNOR S/P'S | NAMEae /. or.'y | оде пате (1 | 2a or 12b) | | | |
| 12a. ORGANIZATION'S NAME | | | / , | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | | JEIDOTALAS | 4 | | T. ((SS) | | |
| 12b. INDIVIDUAL S LAST NAME | | FIRST NAME | | | MIDDLE | NAME | SUFFIX |
| L 12c, MAILING ADDRESS | , | CITY | | | STATE | POSTAL CODE | COUNTRY |
| • | | | | し | | | |
| 3. This FINANCING STATEMENT covers collateral, or is filled as a fixture filling 4. Description of real estate: | timber to be cut or as-extracted | 16. Additional collat | eral descripti | on: | 7 | | , |
| SEE EXHIBIT 'A' ATTA | ACHED | | | • | ` S | Occ | |
| | | | | | | Office | |
| | | | | | | | |
| | | | | | | | |
| Name and address of a RECORD OWNER (if Debtor does not have a record interest); | of above-described real estate | | | | | | |
| 3464 KNOX, LLC | | 17. Check only if app | licable and c | heck <u>only</u> one box. | <u>.</u> | | |
| | | Debtor is a Trust | or Trus | tee acting with res | spect to pro | operty held in trust or | Decedent's Estate |
| | | 18. Check <u>only</u> if app | licable and c | heck <u>only</u> one box. | | | |
| | | Debtor is a TRAN | SMITTING U | TILITY | | | |
| | | <u>~</u> | | | | effective 30 years | |
| | | Filed in connection | n with a Pub | lic-Finance Transa | ction — effi | ective 30 years | |

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

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SCHEDULE 1 TO UNIFORM COMMERCIAL CODE FINANCING STATEMENT – 3464 KNOX, L.L.<u>C.</u>

- All fixtures and personal property now or hereafter owned by Debtor and attached to or contained in and used or useful in connection with the real estate described on Exhibit A attached hereto (the "Property") or the improvements thereon, including without limitation any and all air conditioners, antennae, appliances, apparatus, awnings, basins, bathtubs, boilers, bookcases, cabinets, carpets, coolers, curtains, dehumidifiers, disposals, doors, drapes, dryers, ducts, dynamos, elevators, engines, equipment, fans, fittings, floor coverings, freezers, furnaces, furnishings, furniture, hardware, heaters, humidifiers, incinerators, lighting, machinery, motors, ovens, pipes, plumbing, pumps, radiators, ranges, recreational facilities, refrigerators, screens, security systems, shades, shelving, shipping dock load level, sinks, sprinklers, stokers, stoves, toilets, trash compactor systems, ventilators, wall coverings, washers, wastewater facilities, windows, window coverings, wiring, and all renewals or replacements thereof or articles in substitution therefor, whether or not the same be attached to such improvements, and any and all proceeds of any of the foregoing.
- 2. All leases, subleases, rents, issues, income, amounts due and payable to Debtor under any lease or sublease of the Property (whener now due and owing or due and owing in the future, including, but not limited to, rent, additional rent, percentage (ept, taxes, insurance and reimbursable costs and expenses, whether due in one payment or amortized over a period of time), condemnation proceeds and profits relating to the Property.

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EXHIBIT A -LEGAL DESCRIPTION

LEGAL:

LOTS 1, 2, 3, 4, 5, 6, AND 7 ALL IN BLOCK 2 IN E. L. SMITH'S ADDITION TO IRVING PARK, BEING A SUBDIVISION OF THE NORTH ½ OF THE EAST 40 ACRES OF THE WEST ½ OF THE SOUTH WEST ¼ (EXCEPT THE 5 ACRES DEFINED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID TRACT THENCE SOUTH ON THE EAST LINE OF SAID TRACT 1320 FEET, THENCE WEST 165 FEET THENCE NORTH PARALLEL WITH THE EAST LINE OF SAID TRACT 1320 FEET; THENCE EAST 165 FEET TO THE POINT OF BEGINNING) IN SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD 'RINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN Number:

3-12-308-052

152
34 North K.

Cook County Clark's Office COMMON ADDRESS: 3454 North Knox, Chicago, Illinois