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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGEMENT TO: (Name and Address) Doc#: 0419027054 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 07/08/2004 12:26 PM Pg: 1 of 2 Corporation Service Company P.O. Box 2969 Springfield, IL 62708 DEBTOR'S EXACT FULL LEG AL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 3649 KEDVALE LLC 15. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c. MAILING ADDRESS 4646 NORTH HERMITAGE STATE POSTAL CODE COUNTRY CHICAGO IL60640 1d. TAX ID #: SSN OR EIN USA ADD'L INFO RE 1e. TYPE OF ORG INIZATION 1f. JURISDICTION OF ORGANIZATION ORGANIZATION DEBTOR 1g. ORGANIZATIONAL ID#, if any LLC IL 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of NONE otor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST N ME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 2d. TAX ID #: SSN OR EIN ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION ORGANIZATION 2g. ORGANIZATIONAL ID#, if any DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) NONE LASALLE BANK NATIONAL ASSOCIATION 3b. INDIVIDUAL'S LAST NAME FIRST NAME ME ... DDLF SUFFIX 3c. MAILING ADDRESS 135 SOUTH LASALLE STREET STATE OS, AL CODE COUNTRY CHICAGO IL 60003 4. This FINANCING STATEMENT covers the following collateral: All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR		
6 M This FINANCING STATEMENT is to be filed flowers. IN Control of the Control of	SELLER/BUYER AG. LIEN	NON-UCC FILING
MESTATE RECORDS: Attach Addendum in fectord (or recorded) in the REAL If applicable in the REAL	T(S) on Debtor(s) Optional All Debtors	Debtor 1 Debtor 2
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FILING OFFICE CODY 445-000	19001-1	IXNOX
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)	Harland Financial Solutions 400 S.W. 6th Avenue Portion	d Orest and

foregoing (including insurance, general intangibles and accounts proceeds)

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

0419027054 Page: 2 of 2

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9. NAN	VIE OF FIRST DEE	TOR (1a or 1b) (ON RELATED FINANCING S	TATEMENT				
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11a.	ORGANIZATION'S N	K S EXACT FULI	L'ECAL NAME - insert only on	e debtor name (11a or 11b)	- do not abbreviate or co	mbine names		
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R 11b.	. INDIVIDUAL'S LAST	NAME	<u> </u>					
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Па	DDITIONAL SECU	DEBTOR				1		_
12a	ORGANIZATION'S N.	MED PARTY'S	or ASSIGNOR S/P'S 1	NAME - inset only one nam	ne (12a or 12b)			
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12h	INDIVIDUAL'S LAST I			•//	X.			
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. This Fi	INANCING STATEME	NT covers timbe	r to be cut or as-extracted	16. Additional collateral	description			
Collate	eral, or is filed as a Xi iption of real estate:	fixture filing.	_		a osciiption:			
OT 23 SUBI /2 OF ECTIO HE TI LINOI	3 IN BLOCK 2 II DIVISION OF TH TE EAST 80 / DN 22, TOWNSI HIRD PRINCIPA IS	ACRES OF THI AIP 40 NORTH AL MERIDIAN,	TION TO IRVING PARK, ST 1/4 OF THE SOUTH E NORTHEAST 1/4 OF, RANGE 13, EAST OF IN COOK COUNTY,			0,	Dr. Fico	
J)Ŧ	4 13-22	~~J						
Name a	and address of a RECC	PRD OWNER of above	re-described real estate					
f Debto	or does not have a rec	ord interest);	1	17. Check only if applicab	ole and check <u>only</u> one bo	ox.		
				Debtor is a Trust or	Trustee acting with resp	ect to propert	y held in trust or Dec	edent's Estate
				18. Check only if applicab)X.		
			ŀ	Debtor is a TRANSMIT				
				Hilled in connection with	a Manufactured-Home	Fransaction —	effective 30 years	
					a Public-Finance Transa			