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UCC FINANCING					6426412 <u>13</u> 6			
FOLLOW INSTRUCTION				Doca	*: 042091213	ì ∩		
	A. NAME & PHONE OF CONTACT AT FILER [optional] UCC Filing Desk - (651) 227-7575				Eugene "Gene" Moore Est, dos -			
B. SEND ACKNOWLEDG				TOUR YOURIN MACORAGE AT D				
D. 02.18 70.110 11220				Date:	07/27/2004 12:01	PM Pay 1 at a		
LIC Corner	ate Services					· · · · · · · · · · · · · · · · · · ·		
. OS Corpor	ate Services	Comment of the same of the sam						
PO Box 65	607	Ser of the series of the serie						
Ct Doub N	ANI 55165	ď,						
St. Paul, N	COLCC NII	~4°						
)		Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 07/27/2004 12:01 PM Pg: 1 of 2 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Pert only one debtor name (1a or 1b) - do not abbreviate or combine names FIRST NAME MIDDLE NAME SUFFIX CITY CHICAGO IL 60625 USA PEOFORG INIZATION 15. JURISDICTION OF ORGANIZATION 19. ORGANIZATIONAL ID #, if any					
<u> </u>		1.	THE ABOVE	SPACE IS FO	R FILING OFFICE US	SE ONLY		
4 DEDTODIS SYNCT S	THE COUNTY OF ALL MANAGE	C		01 702 10 10				
1. DEBTOR S EXACT P		E - insert only one debtor hame (1a	or (b) - do ribt sobreviate or combine names					
R&SPETR		A -						
OR 1b. INDIVIDUAL'S LAST		<u> </u>	I FIRST NAME	MIDDLE	NAME	SUFFIX		
ID. INDIVIDUAL 3 LAST	INVINE		TINOT ISSUE	111111111111111111111111111111111111111				
			CTV	CTATE	IDOSTAL CODE	COLINTRY		
1c. MAILING ADDRESS 5300 N WESTERN AVE.		1		1				
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION ORGANIZATION CORPORATION			1 -	1 *			
			ILLINOIS	61345515		NONE		
2. ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	eb'or name (2a or 2b) - do not abbreviate or comb	ine names				
2a. ORGANIZATION'S N	AME		F					
OR 2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX		
2c. MAILING ADDRESS			CITY	STATE	IPOSTAL CODE	COUNTRY		
26. MAILING ADDICEOU								
	Liese Mee De	To THE OF OBOTHISTION	OF HIDIODICTION OF ADD ANIZATION	2= 000	ANIZATIONAL ID# Ham			
2d. TAX ID #: SSN OR EIN	ORGANIZATION	Ze. TYPE OF ORGANIZATION	21. JURISDICTION OF CREAMINATION	Zg. ONG	ANIZA BONAL ID #, il aliy	_		
	DEBTOR					NONE		
		of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party hamp (3 a or	3b)				
3a. ORGANIZATION'S N								
TCF LEASIN								
OR 36. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIJDLE	NAME	SUFFIX		
1				1.0				

4. This FINANCING STATEMENT covers the following collateral:

3c. MAILING ADDRESS

P.O. BOX 4130

All Equipment and other Goods (collectively the "Equipment") now or hereafter subject to Lease Agraement No. 002-0132229-001 dated 5/27/04 between Secured Party as Lessor and Debtor as Lessee, including without limitation, together with all modifications, additions, attachments, accessories, parts, repairs and replacements thereto, and all substitutions for and proceeds of any of the Equipment, including without limitation insurance proceeds.

HOPKINS

STATE

ru TAL CODE

5/343

COUNTRY

USA

CITY

		G/FX
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCCFILING
6. This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT SEARC	PRT(S) on Debtor(s) [optional] All Debtors D	Pebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	101.	$p\gamma_{0}$
002-0132229-001	9/19	
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0420912130 Page: 2 of 2

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and ba								
9. NAME OF FIRST DEBTOR (1a or 1		TEMENT						
9a. ORGANIZATION'S NAME	U) ON REDATED FINANCING OTA	I LIVILIA I						
R & S PETRO INC.								
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SU	IFFIX					
10. MISCELLANEOUS:	1							
2000	9,							
	<u>/x, </u>	,	1		IS FOR FILING OFF	ICE USE ONLY		
11. ADDITIONAL DEBTOR'S EXACT	FULL LF GAL NAME insert only one n	ame (11a or 11b) - do not a	abbreviate or combine nan	185				
11a. ORGANIZATION'S NAME	Ox							
116, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX		
11c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY		
1d. TAX ID #: SSN OR EIN ADD'L INFO I ORGANIZATI DEBTOR	RE 11e. TYPE OF ORGANIZATION ON	111, JURISDICTION OF C	RGANIZATION	11g, OR	 	any NONE		
2. ADDITIONAL SECURED PAR	TV'S TASSIGNOD SIDIS	NAME - Lise only one	(40a a- 40b)			LINOIAE		
12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P'S	INAIVIL - Liser only one	name (12a or 12b)					
		4/2						
126. INDIVIDUAL'S LAST NAME		FIRST NAME	Х,	MIDDLE	NAME	SUFFIX		
		lam		OT 4 TE	IDOOTAL OODE	DOLINETOV.		
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY		
2. Tele CIMANONIO OTATENENT de la con-		16. Additional collateral				USA		
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	1		- 1 - A O	T OLIA DEED C	NE OFOTION 40		
collateral, or is filed as a fixture filing 4. Description of real estate:	j.	THAT PART OF THE NCRTHEAST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD						
See attached Exhibit A fo	r real estate description					HE IHIRD		
attached hereto and incor		l .	MERIDIAN, DE					
	porated herein by		COMMENCING					
	reference Permanent Index Number 13-12-226-015-0000			SAID QUARTER SECTION, 41 RCDS NORTH OF THE				
r chilanent index rumbe	13-12-220-013-0000	SOUTHEAST CORNER THEREOF; THENCE WEST OF 132 FEET; THENCE SOUTH 16.5 FEET; THENCE WEST 88						
					;THENCE EAS	ST 220 FEET AN		
			OUTH 181.5 FEI					
						ART LYING EAS		
		1				WITH THE EAS		
			E NORTHEAST					
			IICAGO BY DO	COME	N I #8333434, T	N COOK		
		COUNTY, IL	LINOIS.					
Name and address of a RECORD OWNE (if Debtor does not have a record interest):								
		4-						
			ble and check <u>only</u> one bo			_		
		Debtor is a Trust or			roperty held in trust or	Decedent's Estate		
		<u></u>	ble and check <u>only</u> one bo	x.				
		Debtor is a TRANSM						
			rith a Manufactured-Home		•			
		Filed in connection w	rith a Public-Finance Trans	action e	ffective 30 years			