	**************************************
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	362-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	514433 IBRIDGEVIEW
UCC Direct Services P.O. Box 29071	6416230
Glendale, CA 91209-9071	ILIL FIXTURE
ile with: Cook+, IL	

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1, D	EBTOR'S EXACT FU	LL LEGAL NAME	insert only one debtor name (1	a or 1b) - do not abbreviate or combine r	names	<del></del>	
	1a. ORGANIZATION'S N	IAME	0				
	ETHIO CAF	E', INC.	C/A				
OR	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	ATLING ADDRESS 62 N CLARK	ST.		CHICAGO	STATE	POSTAL CODE 60613	COUNTRY
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION		360-792-6	NONE
2. Al	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only one de	eotame (2a or 2b) - do not abbreviate	e or combine i	names	
OR	IVY ON CLA	AAAC		C			
	2b. INDIVIDUAL'S LAST	NAME		FIRST NAM	MIDDLE	NAME	SUFFIX
	AILING ADDRESS 62 N CLARK			CHICAGO	STATE	POSTAL CODE 60613	COUNTRY
2d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZAT ON	2g. OR	SANIZATIONAL ID #, if any	***************************************
		ORGANIZATION DEBTOR	CORPORATION	L C			XNONE
3. S	CURED PARTY'S NA	AME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured party n	e (3a or 3b	)}	
OR	3a ORGANIZATION'S N BRIDGEVIE	AMF			4	-	
	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MILD! E	NAME	SUFFIX
79 <sup>4</sup>	AILING ADDRESS 40 SOUTH H	IARLEM A	VE.	BRIDGEVIEW	STATE	604'55'	COUNTRY
4 Th:	EINIANCINO OTATONE	MT B CD C		<u> </u>	i		

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4. This FINANCING STATEMENT covers the following collateral:

All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or aquired 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 foregoing (including insurance, general intangibles and other accounts proceeds).

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or record ESTATE RECORDS. Attach Addendum	led) in the REAL 7. Check to REQUEST SEARCH REPO	ORT(S) on Debtor(s)  (optional)  All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	***************************************	

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Bridgeview Bank & Trust

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	and back) CAREFULLY or 1b) ON RELATED FINANCE	CINIC STATEMENT	ļ		
9a. ORGANIZATION'S NAME		JING STATEMENT	1		
ETHIO CAFE', IN	<del> </del>				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
). MISCELLANEOUS					
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le with: Cook+, IL	Co.		THE ABOVE SPACE IS	FOR FILING OFFICE US	ONLY
. ADDITIONAL DEBTOR'S EXA	ACT FULL LEGA'L N AME - inse	ert only <u>one</u> name (11a or 11b) - do not			ONLY
11a. ORGANIZATION'S NAME			79	· · · · · · · · · · · · · · · · · · ·	·
11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDE	LE NAME	CUCEIV
	*		MIOL	LE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
d. SEE INSTRUCTION ADD'L	INFO RE 11e. TYPE OF ORGAN	NIZATION STORES	1411174.TION		
	ANIZATION	NIZATION 1. JURISDICTION OF ORG	SANIZATION 11g.	ORGANIZATIONAL ID#, i	· _
					NON
ADDITIONAL SECURED  12a. ORGANIZATION'S NAME	PARTY'S or ASSIGN	IOR S/P's NAME - insert on' / rne name	e (12a or 12b)		
		40,	7		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX
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10/16/2004 10:39 FAX 773 9895719 BRIDGEVIEW BANK GROUP - BCC DIRECT SERVI

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (12 or 1b) ON RELATED FINANCING STATEMENT DR. ORGANIZATION'S NAME ETHIO CAFE', INC. OR MIDDLE NAME, SLIFFIX 95. INDIVIDUAL'S LAST NAME FIRST NAME 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL F. SAL NAME - insert only one name (11s or 11b) - do not abbreviate or cambine names 11a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX OR FIRST NAME 116. INDIVIDUAL'S LAST NAME POSTAL COOE COUNTRY STATE CIT 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 119. TYPE OF ORGANIZATION ORGANIZATION 11. JURISDICTION OF ORGANIZATION 11d, SEE INSTRUCTIONS NONE DEBTOR NAME - ir sen only one name (12a or 12b) ADDITIONAL SECURED PARTY'S 😅 ASSIGNOR S/P'S 12a, ORGANIZATION'S NAME MIDDLE NAME SUFFIX FIRST NAME 125, INDIVIDUAL'S LAST NAME STATE POSTAL CODE COUNTRY 12c. MAILING ADDRESS SPA'S OFFICE 16. Additional collateral description: 13. This FINANCING STATEMENT covers \_\_\_\_\_timber to be cut or \_\_\_\_ se-entracted collaboral, or is filed as a Mincure tiling 14. Description of real estate LOT 7 IN BLOCK 6 IN E. J. LEHMANN SUBDIVISION OF LOT 4 IN THE ASSESSOR'S DIVISION OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE RAILROAD RIGHT OF WAY), IN COOK COUNTY, ILLINOIS. PIN: 14-20-409-024-0000 Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustog acting with respect to properly hold in trust or Decedent's Estate 18, Check <u>only</u> if applicable and check <u>only</u> one box. Deblor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction - effective 30 years