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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) | | (((())) | - 214 (1 414) - 2214 (1 (1 (1 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
|---|---|--|--|---------------|--|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 2134483084 | | |
| TWO EAST OTH CTREET, CONT. | | ⊏ugene "Ge | Doc#: 0434403059 Eugene "Gene" Moore Fee: \$30.00 | | |
| CHICAGO, IL 60605 | | Cook County Recorder of Deeds Date: 12/09/2004 11:37 AM Pg: 1 of 4 | | | |
| 1. DEBTOR'S EVACTOR IN SCALAR | THE AB | OVE SPACE IS F | OR FILING OFFICE U | 10 T 0 11 1 1 | |
| DEBTOR'S EXACT FULL GAL NAME - Insert only one debtor name (1a Ta ORGANIZATION'S NAME OR Th. INDIVIDUAL'S LAST NAME | or 1b) - do not abbreviate or combine name | \$ | ON TIEMO OFFICE O | SE ONLY | |
| PASIENNIK G. MAILING ADDRESS | MARGARET | MIDDLE | | SUFFIX | |
| 1643 W. NORTH AVENUE TAX ID #: SSN OR EIN ADDILINFO RE Te TYPE OF ORT ANIZE TION DEBTOR | CHICAGO 11 JURISDICTION OF ORGANIZATION | IL 1g ORG | POSTAL CODE 60622 ANIZATIONAL ID#, if any | USA | |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inserty 202 16 22a. ORGANIZATION'S NAME SALON BLONDE, INC. | ILLINOIS ablor name (2a or 2b) - do not abbreviate or | | | X NON | |
| 26 INDIVIDUAL'S LAST NAME MAILING ADDRESS | FIF ST NAI E | MIDDLE | NAME | SUFFIX | |
| 643 W. NORTH AVENUE TAXID #: SSN OR EIN ADDL INFO RE 28 TYPE OF ORGANIZATION | CHICAGO ZI JURISDICTION OF JRY AN ZATION | STATE | FOSTAL CODE | COUNTRY | |
| ORGANIZATION CORP. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S. 38 ORGANIZATION'S NAME | . II I INIOIR | | NIZATIONAL ID#, IF any 19419 | NONE | |
| U.S. SMALL BUSINESS ADMINISTR | LATION FIRST NAME | 0 | | | |

500 W. MADISON ST., SUITE 1250 4. This FINANCING STATEMENT covers the following collateral:

3c. MAILING ADDRESS

FOR ALL EQUIPMENT AND FIXTURES FINANCED AS PART OF THE "5.14 PROJECT", AND ALL PROCEEDS THEREFROM AND REPLACEMENTS THEREOF NOW OWNED AND HEREINAFTER ACQUIRED.

CHICAGO

I JODLE NAME

POSTAL CODE

€06€1

COUNTRY

USA

| 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR | PAUECOANCE |
|---|--|
| 21 ESTATE RECORDS. Atlanta Adjusting for record (or recorded) in the REAL 17 Check to Be | OUEST SEASON TO SELLER/BUYER AG. LIEN NON-UCC FILING |
| 8. OPTIONAL FILER REFERENCE DATA M applicable MADDITIONAL M M Applicable M ADDITIONAL M M APPLICABLE M APPLICABLE | AL FEE! JODIONAL JODIONAL Debtor 1 Debtor 2 |
| MI LITJAV | (TH2 21711/1 A) |
| FILING OFFICE COPY NATIONAL LIGO FILLING | |
| FILING OFFICE COPY NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (RE | EV. 07/29/98) |

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| 9. NAME OF FIRST DEBTOR (1a or 1b) ON F | RELATED FINANCING OF | A TEL MEANS | | | | |
|---|-------------------------------|--|--|--------------|----------------------------------|-----------------|
| Se Se Marke | TELATED FINANCING STA | ATEMENT | _} | | | |
| OR | | | Į. | | | |
| Oh INION/IDMANIALION A COMPANY | IRST NAME | MIDDLE NAME, SUFFI | - | | | |
| PASIENNIK | MADGADEE | MADDLE MANUE,30FF1 | `] | | | |
| 10. MISCELLANEOUS: | MARGARET | | Ţ | | | |
| | | | | | | |
| 000 | | | | | | |
| - O | | | ł | | | |
| 1. ADDITIONAL DESTOR'S EXACT FU'L 1 EC | SAL NAME important | | THE ABOVE | SPACE | IS FOR FILING OFFIC | E USE ONLY |
| 11a ORGANIZATION'S NAME | - Travel - Insert only one na | ame (11s or 11b) - do not abbre | viate or combine name | es | | |
| DR | 0.0 | | | | | |
| 116 INDIVIDUAL'S LAST NAME | | FIRST NAME | | 1 | | |
| DOERFLER | | DAWN | | MIDDLE | NAME | SUFFIX |
| Ic. MAILING ADDRESS | | CITY | | | | |
| 1643 W. NORTH AVET d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e T ORGANIZATION | VITE O | CULTORGO | | STATE | POSTAL CODE | COUNTRY |
| d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e T | YPE OF ORGANIZATION | CHICAGO 111 JURISDICTION OF ORGAN | II2ATION | II. | 60622 ANIZATIONAL ID#, if any | |
| DEBION | | | | l11g. ORG | ANIZATIONAL ID#, if any | |
| ADDITIONAL SECURED PARTY'S QL | X ASSIGNOR S/P'S | NA (E.) | | | | ΧN |
| 128 ORGANIZATION'S NAME | F4 / ISSIGNOR OF S | IVAL 1E - Insert only one name (| 12a or 12b) | ·· <u></u> . | | |
| SOMERCOR 504, INC. | | | | | | |
| 12b. INDIVIDUAL'S LAST NAME | Ti- | FIRST NAME | | | | |
| | | //× | | MIDDLE N | IAME | SUFFIX |
| MAILING ADDRESS | | CITY | | | | |
| WO EAST 8TH STREET | ļ., | CHICAGO | | | POSTAL CODE | COUNTRY |
| . This FINANCING STATEMENT covers Umber to b | | | | | 60605 | USA |
| collateral, or is filed as a liketure filing | | Additional collateral descript | ion: | | | |
| Description of real estate: | | | ion: | | | |
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| | | | | 0, | Office | |
| | | | | 0, | Office | |
| Name and address of a RECORD OWNER of above 4-1-1 | | | | 0, | Office | |
| Name and address of a RECORD OWNER of above-des if Deblor does not have a record interest): | cribed real estate | | | 0, | Office | |
| Name and address of a RECORD OWNER of above-des if Deblor does not have a record interest): | cribed real estate | | | 0, | Office | |
| Name and address of a RECORD OWNER of above-des (if Debior does not have a record interest): | | | | 0 | Offica | |
| Name and address of a RECORD OWNER of above-des (if Debior does not have a record interest): | | Check only if applicable and ch | eck Only one hay | O. | | |
| Name and address of a RECORD OWNER of above-des if Deblor does not have a record interest): | 17. | Check only if applicable and ch | eck <u>only</u> one box. Be acknow by box- | O. | | |
| Name and address of a RECORD OWNER of above-des if Debtor does not have a record interest): | 17. О о ь | tor is a Trust or Trust | ee acling with respec | 2 to proper | | cedent's Estate |
| Vame and address of a RECORD OWNER of above-des if Debtor does not have a record interest): | 17. Deb 18. | tor is a Trust or Trust Check pnly if applicable and ch | ee acting with respec ack <u>only</u> one box | 2 to proper | | |
| Name and address of a RECORD OWNER of above-des if Debtor does not have a record interest): | 17. Deb 18. | tor is a Trust or Trust | ee acting with respec ack <u>only</u> one box LITY | | rly held in trust or □ De | |

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

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EXHIBIT A

LEGAL DESCRIPTION:

UNIT NUMBERS GE AND GW AND PARKING UNIT NUMBER P6 TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 1641-43 WEST NORTH AVENUE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED JANUARY 6, 2000 AS DOCUMENT NUMBER 00-017369, AND AS AMENDED BY DOCUMENT NUMBER 00-061645, IN THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 1643 W. North Ave.

Chicago, Illinois 60622

Property of Cook County Clerk's Office PIN #s: 17-06-204-009 and 17-06-204-010

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EXHIBIT B- EQUIPMENT LIST

| Computer & Program Security System Chairs (8), Shampoo Bowls (3), Dryers (2) Salon Client Chairs Kitchen Refrigerator, dishwasher, washer, | \$9,000.00 \$1,300.00 \$15,000.00 \$3,000.00 |
|--|---|
| dryer Telephone System Fax Machine SUBTOTAL OF EQUIPMENT COST | \$2,000.00 \$4,400.00 \$ 400.00 \$35,100.00 |

Property of Coot County Clert's Office