

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



Doc#: 0504606171
Eugene "Gene" Moore Fee: \$34.00
Cook County Recorder of Deeds
Date: 02/15/2005 02:18 PM Pg: 1 of 6

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address) JH2

Corporation Service Company
SUITE 2320
33 North LaSalle Street
Chicago, IL 60602

202598-1

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
ILLINOIS CARCARE LLC

OR
1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS
56 S. GROVE AVENUE

CITY: **ELGIN** STATE: **IL** POSTAL CODE: **60120** COUNTRY: **USA**

1d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION **LLC** 1f. JURISDICTION OF ORGANIZATION **IL** 1g. ORGANIZATIONAL ID #, if any **00363405** NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR
2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS

CITY STATE POSTAL CODE COUNTRY

2d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR(S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
HOME STATE LEASING CORPORATION

OR
3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS
611 S. MAIN STREET

CITY: **CRYSTAL LAKE** STATE: **IL** POSTAL CODE: **60014** COUNTRY: **USA**

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE FOLLOWING:
CAR WASH EQUIPMENT AND RELATED ITEMS AS FOLLOWS:
One (1) Sonny's Cloth Equipment including: 2-Wrap Upgrade Kits; 1-Neoglide Replacement extra row on top, 2- Supply new Air Solenoids for Wraps, 1-TBG200 Repair Existing tire Brush 96";
- 2-New brushes for Tire Brush unit addl. Parts to repair tire brush, 1-TBG100RET Repair Existing Tire Brush Retract Kit, 1- New Solenoid and air cylinders for Tire Brush Retract
One (1) Sonny's Mitters including: 1-SFM100 Parts to Repair Basket on
(See Attached)

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum If applicable 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) [optional] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA **40902**

IL-Cook County

BOX 314

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UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

	9a. ORGANIZATION'S NAME		
OR	ILLINOIS CARCARE LLC		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS: IL-Cook County

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

	11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

	12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

LOT 1 IN CORPORATE LAKES UNIT SEVEN
BEING A RESUBDIVISION OF LOTS 1, 2 AND
DETENTION LOT 3 IN CORPORATE LAKES UNIT
2, BEING A SUBDIVISION OF PART OF THE
SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 35
NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN

(See Attached)

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

ILLINOIS CARCARE LLC
56 S. GROVE AVENUE
ELGIN, IL USA 60120

16. Additional collateral description:

6-Basket Front to Back Mitter
One (1) Sonny"s Arches including: 1-Add on Foamer w
K-Nozzles no arch, 1-Rain Attachment 4gpm RAIN101/A
One (1) Sonny"s High Pressure Equipment: 1- Nozzle
Upgrade for Omni 350
One (1) Sonny"s Drying Systems including:
- 2-SF115TCWTE1-15hp Fixed Top, Top Clockwise
- 2-SF115TCCW71-15hp Fixed Top, Top Counter-Clockwise
(See Attached)

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction — effective 30 years
 Filed in connection with a Public-Finance Transaction — effective 30 years

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13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

ACCORDING TO THE PLAT THEREOF FILED JULY 11, 1989 AS TORRENS DOCUMENT NO. T3808692 IN COOK COUNTY, ILLINOIS AND A RESUB OF LOT 1 IN CORPORATE LAKES UNIT 3 BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 35 NORTH, RANGE 13,

(See Attached)

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

- 3-SFD100 4" Square Aluminum Arch
- 1-MCC60 Blower Control Panel 4-15hp
- One (1) CWSI Support Equipment/Chemical Application Systems including:
 - 1- (3)-Color Foamer w/pump station
 - 1-CTA Application System ss w/pump
 - 1-Bug Applicator w/wand, pump station and stand
 - 1-Chemical mix and Pump Station for wrap foamer
- (See Attached)

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14. Description of real estate:

EAST OF THE THIRD PRINCIPAL MERIDIAN,
ACCORDING TO THE PLAT THEREOF RECORDED
AUGUST 23, 1990 AS TORRENS DOCUMENT NO.
T3906648, IN COOK COUNTY, ILLINOIS.
SITUATED IN COOK COUNTY, ILLINOIS.
PARCEL INDEX NUMBER

(See Attached)

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

16. Additional collateral description:

One (1) AIR COMPRESSOR
- 1 CCR25 Air Line Dryer; 1- Prefilter for Dryer;
1-After filter for Dryer
- 1-Input Hardware, Entrance
One (1) Errection/ hookup/Startup/Training per
Proposal; INCLUDING, BUT NOT LIMITED TO, ANY AND ALL
ACCESSIONS, ACCESSORIES, FITTINGS, INCREASES,
TOOLS, PARTS, REPAIRS, SUPPLIES, COMINGLED GOODS,
REPLACEMENTS, SUBSTITUTIONS, ADDITIONS, AND
ATTACHMENTS THERETO AND ANY PROCEEDS
(See Attached)

17. Check only if applicable and check only one box.

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13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:
31-16-403-014-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

THEREOF (INCLUDING INSURANCE PROCEEDS).
EQUIPMENT LOCATION: MAGIC TOUCH, 20606 S. CICERO AVE., MATTESON, IL
THIS IS A PRECAUTIONARY FILING, EXCEPT AS MAY BE EXPRESSLY SET FORTH IN THE TERMS AND CONDITIONS OF THAT CERTAIN EQUIPMENT LEASE DATED SEPTEMBER 29, 2004, AND IDENTIFIED AS LEASE NUMBER 40902 BETWEEN ILLINOIS CARCARE LLC, LESSEE AND HOME STATE LEASING CORPORATION, LESSOR. NOTHING HEREIN (See Attached)

17. Check only if applicable and check only one box.Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate18. Check only if applicable and check only one box.

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16. Additional collateral description:

SHALL BE DEEMED TO LIMIT OR CONTRAVENE THE TRUE LEASE NATURE OF THE EQUIPMENT LEASE.

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