OFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 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



Doc#: 0504606171

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

			THE ABOVE	E SPACE IS PC	K FILING OFFICE 03	EONLT
1. DEBTOR'S EXACT F	JLLLECAL NAME	-insertonly <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S N	AME					
ILLINOIS C	ARCARE	&C				
OR ILLINOIS C	NAME	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		(),c	CITY	STATE	POSTAL CODE	COUNTRY
56 S. GROVE A			ELGIN	IL	60120	USA
1d SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORG ANIZALION	1f. JURISDICTION OF ORGANIZATION	1 -	ANIZATIONAL ID #, if any	
	DEBTOR	LLC	IL	0036	3405	NONE
2. ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	eb ^t r name (2a or 2b) - do not abbreviate or com	nbine names		
2a. ORGANIZATION'S N	AMÉ					
0.5						
OR 25. INDIVIDUAL'S LAST	NAME		FIL ST NAME	MIDDLE	NAME	SUFFIX
			0,			
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
			17,			
2d SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF DRYJAM ZATION	2g. ORG	ANIZATIONAL ID #, if any	
	DEBTOR	İ		ı		NONE
3. SECURED PARTY'S	NAME (or NAME of	FOTAL ASSIGNEE of ASSIGNOR S/F) - insert only <u>one</u> secured party name (CorCo)			- HONE
3a. ORGANIZATION'S N	AME					
OR HOME STAT	TE LEASIN	G CORPORATION				
3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
				. 13		
3c. MAILING ADDRESS			CITY	STATE	PC STAL CODE	COUNTRY
611 S. MAIN S'	rrfft		CRYSTAL LAKE	IL	50514	USA
VIII VIII VIII VIII VIII VIII VIII VII						10023

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)

	<u> </u>				
5. ALTERNATIVE DESIGNATION [if applicable]:		R BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCC FILING
5. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded	REQUEST SEARCH REPO	RT(S) on Debtor(s)		
ODTIONAL EILED DECEDENCE DATA		737764 661	Jobilonan	- III Dobtolo	Debtor Debtor 2

OPTIONAL FILER REFERENCE DATA 40902

IL-Cook County

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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	A TELECOLO				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	A I EIVIEN I				
ILLINOIS CARCARE LLC					
OR ILLINOIS CARCARE LLC 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10.MISCELLANEOUS: IL-Cook County					
		THE ABOVE S	PACE I	S FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevi	iate or combine names			
11a. ORGANIZATION'S NAME					,
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	V	MIDDLE N	NAMÉ	SUFFIX
11c. MAILING ADDRESS	CITY	5	STATE	POSTAL CODE	COUNTRY
11d SEEINSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	TIF, JURISDICTION OF ORGAN	NIZATION 1	1g. ORG	 ANIZATIONAL ID#,	if any
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S	NAIvic insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME					
OR 12b. INDIVIDUAL'S LAST NAME	TFIRST NAME	ĪN	NDDLE N	JAME	SUFFIX
				47 NVIII	GOTTIX
12c. MAILING ADDRESS	CITY	C) s	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descrip	otion:			
collateral, or is filed as a 📈 fixture filing.	6-Basket Front				
14. Description of real estate:	One (1) Sonny"s				
LOT 1 IN CORPORATE LAKES UNIT SEVEN	K-Nozzles no ar One (1) Sonny"s				pm RAIN101/A
BEING A RESUBDIVISION OF LOTS 1, 2 AND DETENTION LOT 3 IN CORPORATE LAKES UNIT	Upgrade for Omn) arpment,	1 1102216
2, BEING A SUBDIVISION OF PART OF THE	One (1) Sonny"s	Drying Syst	tems	in Inding	:
SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN	- 2-SF115TCWTE1 - 2-SF115TCCW71 (See Attached)	15hp Fixed 15hp Fixed	Top,	Top Coun	kwise ter-Clockwise
(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	17. Check only if applicable and	I check <u>only</u> one box.			
ELGIN, IL USA 60120	Debtor is a Trust or Tr		ct to pro	perty held in trust	Decedent's Estate
	18. Check only if applicable and				
	Debtor is a TRANSMITTING				
	Filed in connection with a M			•	
	Filed in connection with a P	ublic-Finance Transaction	on effe	ective 30 years	

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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME					
OR ILLINOIS CARCARE LLC					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10.MISCELLANEOUS: IL-Cook County	'				
700					
			PACE IS	S FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL., LF GAL NAME - insert only one na 11a. ORGANIZATION'S NAME	me (11a or 11b) - do not abbrevi	ate or combine names			
0.5					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE N	IAME	SUFFIX
11c. MAILING ADDRESS	CITY	5	TATE	POSTAL CODE	COUNTRY
11d. SEEINSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGAN	IIZATION 1	1g. ORG	L ANIZATIONAL ID #, if any	
DEBTOR					NONE
12. ADDITIONAL SECURED PARTY'S QL ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NAIvic institt only one name	(12a or 12b)			
12a. OKGANIZA HONG NAME	0/2				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	IIDDLE N	IAME	SUFFIX
12c. MAILING ADDRESS	CITY	5	TATE	POSTAL CODE	COUNTRY
				<u> </u>	
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	Additional collateral descrip	otion:			
collateral, or is filed as a fixture filing. 14. Description of real estate:	- 3~SFD100 4" S	quare Alimi	num A	irch	
ACCORDING TO THE PLAT THEREOF FILED JULY	- 1-MCC60 Blowe				
11, 1989 AS TORRENS DOCUMENT NO.	One (1)CWSI Sur Systems includi		ent/c	nemical Appli	cation
T3808692 IN COOK COUNTY, ILLINOIS AND A RESUB OF LOT 1 IN CORPORATE LAKES UNIT 3	- 1- (3)-Color		a qmu	tation	
BEING A SUBDIVISION OF PART OF THE	- 1-CTA Applic				_
SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 35	- 1-Bug Applica - 1-Chemical mi				
NORTH, RANGE 13,	(See Attached)	n and ramp .	Jeaci	on for viap r	oamer
(See Attached)					
15. Name and address of a RECORD OWNER of above-described real estate					
(if Debtor does not have a record interest):					
	17. Check <u>only</u> if applicable and	check <u>only</u> one box.			
	Debtoris a Trust or Tr	ustee acting with respe	ect to pro	perty held in trust or D	ecedent's Estate
	18, Check <u>only</u> if applicable and	check <u>only</u> one box.			
	Debtor is a TRANSMITTING				
	Filed in connection with a M			•	
	Filed in connection with a P	ublic-Finance Transacti	on — effe	ective 30 years	

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UCC FINANCING STATEMENT ADDENDUM		1			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT	ł			
9a. ORGANIZATION'S NAME	I CIVICIA I				
ILLINOIS CARCARE LLC					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX	İ			
10.MISCELLANEOUS: IL-Cook County					
		THE ABOVE	SPACE	IS FOR FILING OFI	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LF GAL NAME - insert only one r	ame (11a or 11b) - do not abbrev	<u> </u>			
11a. ORGANIZATION'S NAME	anio (Tra of Tra), do not abbot	allo of domestic harrie			
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	171f. JURISDICTION OF ORGAI	NIZATION	11g. OR		any
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAIvic inset only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME					·
OR 12b. INDIVIDUAL'S LAST NAME	TFIRST NAME		Lubbi E	Nasa	Taur-nu
12B. HINDIVIDUAL S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
42 This EMANORIO OTATEMENT	46				
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filled as a fixture filling.	16. Additional collateral descri	ption:			
14. Description of real estate:	One (1) AIR COM	MPRESSOR			
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)	- 1 CCR25 Air I 1-After filter - 1-Input Hardw One (1) Errect Proposal; INCLU ACCESSIONS, AC TOOLS, PARTS, F REPLACEMENTS, ATTACHMENTS THE (See Attached)	for Dryer ware, Entranction/Hookup JDING, BUT CCESSORIES, REPAIRS, SU	nce /Star NOT FITT PPLIE	tvp/lraining LIMITFD TO, INGS, INGRE S, COMINGL ADDITIONS, A	per ANY AND ALL ASES, ED GOODS,
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check <u>only</u> if applicable and Debtor is a Trust or Trust. 18. Check <u>only</u> if applicable and	rustee acting with res d check <u>only</u> one box.	pect to pr	operty held in trust or	Decedent's Estate
	Debtor is a TRANSMITTING				
	Filed in connection with a N			•	
	Filed in connection with a P	rublic-Hinance Transac	tion — ef	rective 30 years	

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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	TEMENT				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA 9a. ORGANIZATION'S NAME	I CIVICIN I				
OR ILLINOIS CARCARE LLC 96. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
de Mariada de Caractería de Ca					
10.MISCELLANEOUS: IL-Cook County					
		THE ABOVE	SPACE I	S FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LF GAL NAME insert only one m	ame (11a or 11b) - do not abbrevi	ate or combine name	s	1,000	ed of
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	TIF. JURISDICTION OF ORGAN	NIZATION	11g. OR0	GANIZATIONAL ID#, if	any NONE
	NAIviL - institt only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME	4				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	C	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descrip				
collateral, or is filed as a 🙀 fixture filing.	THEREOF (INCLUI				. CICERO
14. Description of real estate:	EQUIPMENT LOCAT		C TOU	CH, 20006 S	. CICERO
31-16-403-014-0000	THIS IS A PRECA		LINC	EXCEPT AS	MAY BE
	EXPRESSLY SET I				
	THAT CERTAIN I	EQUIPMENT L	EASE	DATET SEPTEM	BER 29,
	2004, AND IDENT				
	ILLINOIS CARCA				ATE LEASING
	(See Attached)	ESSOR. NOT	HING	HEREIN	
	(See Attached)				
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check <u>only</u> if applicable an	d check <u>only</u> one box			
	Debtor is a Trust or T	rustee acting with res	spect to p	roperty held in trust or	Decedent's Estate
	18. Check <u>only</u> if applicable an				
	Debtor is a TRANSMITTING	3 UTILITY			
	Filed in connection with a !	Manufactured-Home T	ransaction	— effective 30 years	
	Filed in connection with a F	Public-Finance Transa	ction — e	ffective 30 years	

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UCC FINANCING	STATEMEN	T ADDENDUM					
FOLLOW INSTRUCTIONS	(front and back) CA	REFULLY RELATED FINANCING STA	TEMENT	1			
9. NAME OF FIRST DEBT	ME			1			
II I INOIS CAI		7					
OR 1ELINOIS CAI		FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS: IL.	-Cook County	Ą		1			
	000	.		THE ABOVE	SPACE	s for filing offi	CE USE ONLY
11 ADDITIONAL DEBTOR	R'S EXACT FULL I	F GAL NAME - insert only one r	name (11a or 11b) - do not abbre	viate or combine names	3		
11a. ORGANIZATION'S NA							
OR 115. INDIVIDUAL'S LAST N	NAME	Ox.	FIRST NAME		MIDDLE	NAME	SUFFIX
11c, MAILING ADDRESS		<u> </u>	CITY		STATE	POSTAL CODE	COUNTRY
		0					
11d. SEE INSTRUCTIONS	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	THE JURISDICTION OF ORGA	ANIZATION	11g. OR0	GANIZATIONAL ID#, if a	any NONE
12. ADDITIONAL SEC	URED PARTY'S	or ASSIGNOR S/P'S	NAIVLE - use it only one nam	e (12a or 12b)			
12a. ORGANIZATION'S NA	ME						
OR COLUMN TO LACE I	LIANS.		FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST I	NAME		TINOT IVANIE				
12c. MAILING ADDRESS			CITY	C,	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEM collateral, or is filed as a 14. Description of real estate:	Ц	er to be cut or as-extracted	16. Additional collateral desc SHALL BE DEEMI NATURE OF THE	ED TO LPAIR	LEAS	Е.	E TRUE LEASE
15. Name and address of a Ri (if Debtor does not have a		ove-described real estate					
			17. Check <u>only</u> if applicable	_			
			Debtor is a Trust or			property held in trust or	Decedent's Estate
			18. Check <u>only</u> if applicable Debtor is a TRANSMITTI				
			Filed in connection with		ransactio	n — effective 30 years	
			Filed in connection with				