UCC FINANCING S	TATEMENT
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 510656 IPRIMEACCEPT 6650896 **UCC Direct Services** P.O. Box 29071 ILIL Glendale, CA 91209-9071 **FIXTURE**

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 05/10/2005 01:26 PM Pg: 1 of 2

L. Cooks II	THE ABOVE \$	PACE IS FOR FILING OFFICE USE ONLY	
File with: Cook+, IL			
DEBTOR'S EXACT FULL LEGAL NAME insert only one debtor name 1. DEBTOR'S EXACT FULL LEGAL NAME 1. ORGANIZATION'S NAME	e (Ta Gr Tb) Go To		
DR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
GONZALEZ	BEATRIZ CHICAGO	STATE POSTAL CODE	COUNTRY
5710 S. RICHMOND 1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION	OF CANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
DEBTOR	name (2a or 2b) - do not abbrevia	te or combine names	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only s	one de de a finalme (20 de 11)		
2a. ORGANIZATION'S NAME	FIRST WAME	MIDDLE NAME	SUFFIX
2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any	yNone
DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	SIGNOR S/P) - insert only one secureu part	name (3a or 3b)	
OR 30 ORGANIZATION'S NAME PRIME ACCEPTANCE CORP. 30. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
30. INDIVIDUALS BOTTOMINE 30. MAII ING ADDRESS 200 WEST JACKSON BLVD. #720	CHICAGO	STAT PI STAL CODE	COUNTRY
SOO MEST SHOUSOU DEAD. WITE			

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM

NON-UCC FILING SELLER/BUYER BAILEE/BAILOR Check to REQUEST SEARCH REPORT(S) on Debtor(s) Debtor 2 (ADDITIONAL FEE) 8. OPTIONAL FILER REFERENCE DATA 626992220

0513022147 Page: 2 of 2

UNOFFICIAL COPY

LOW INSTRUCTIONS (front and back)	RELATED FINANCING STATE				
LOW INSTRUCTIONS (front and back) AME OF FIRST DEBTOR (1a or 1b) ON 9a. ORGANIZATION'S NAME					
96. INDIVIDUAL'S LAST NAME GONZALEZ	BEATRIZ	MIDDLE NAME, SUFFIX			
MISCELLANEOUS					
550896-40-1					
10656 IPRIMEACCEPT					
26992220 , ile with: Cook+, IL	Ò		THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT FU	ALCOA NAME - insert only one	name (11a or 11b) - do not a	abbreviate or combine nam	nes	
1. ADDITIONAL DEBTOR'S EXACT FUI 11a. ORGANIZATION'S NAME	LL LEGAL IPANE WOOTE SAY				SUFFIX
	Ox	FIRST NAME	MIDD	LE NAME	SOLIV
11b. INDIVIDUAL'S DAST MANIE		CITY	STAT	TE POSTAL CODE	COUNTRY
11c. MAILING ADDRESS 11d. SEE INSTRUCTION ADD'L INFO	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF OR	GANIZATION 11g.	ORGANIZATIONAL ID#, i	f any NONE
ORGANIZATI DEBTOR		1-0	(40° or 12b)		
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P's	NAME - inscrit only one nam	ne (12a or 12b)		
12a. ORGANIZATION'S NAME		45	IMIC	DLE NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME			l,
		6 /			- I SOUNTERV
12c. MAILING ADDRESS		CITY	ST	ATE POSTAL CODE	COUNTRY
		and a collection of	C/_	ATE POSTAL CODE	COUNTRY
	timber to be cut or as-extracte	and a collection of	escription.		COUNTRY
12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers collateral or is filed as a X fixture fill 14. Description of real estate:	ng.	ed 16. Additional collateral d	escription.		COUNTRY
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13. This FINANCING STATEMENT covers collateral or is filed as a X fixture fili 14. Description of real estate: Description: LEGAL; SECTIO #: 5 SUB DIV: GORHAMS, Pa	ng. ON TOWNSHIP: 13-38-13 Learcel ID: 19-13-120-023-000	OT 00 17. Check only if applic	escription.		
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