FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

Bill Gates 847-724-9000

0519302153 Eugene "Gene" Moore Fee: \$28.00

Cook County Recorder of Deeds

Date: 07/12/2005 11:20 AM Pg: 1 of 3

4	Bill Gates 847-724-9000	Cook Coding	Date: 07/12/2005 11:20 AM Pg: 1 01 0						
ď	B. SEND ACKNOWLEDGMENT TO: (Name and Address)	Date: 0//12/	2000	/					
V		- -							
36-	State Financial Bank, N.A.	l l							
0	10708 W Janesville Rd, Attn. Loan Servicing								
$\dot{\sim}$	PO Box 467								
*, ~	Hales Corners, WI 53130-0467	j							
70	Traies Corriers, Wil Co 100 C 107								
1,									
7									
8		<u>L</u>							
#		THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	ONLY					
1	1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o								
	1. DEBTOR'S EXACT FOLL LEGF LIN AME - Insert only one debtor name (12 c	or 1b) - do not abbreviate of combine names	· · · · · · · · · · · · · · · · · · ·						
	ALBS WIRELESS SERVICES CORPORAT	TION							
.HYWES!	on!			Toursely					
M	OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX					
₹									
±	1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY					
<u></u>		ARLINGTON HEIGHTS	IL 60005	USA					
	2225 E. OAKTON ST.		1 1						
M	1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZ TION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any						
The	ORGANIZATION CORPORATION	IL	61095225	NONE					
i 5		(2 - 2b) do not obbrovieto or combino	nomes						
11	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2 [2a, ORGANIZATION'S NAME]	ebt ir name (2a or 2b) - do not appreviate of combine	Harries						
		イ							
	A.L.B.S. WIRELESS SERVICES II LLC	Louise Louise							
	OR 2b. INDIVIDUAL'S LAST NAME	FIRST JAME	MIDDLE NAME	SUFFIX					
	2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY					
		ARLINGTON LFIGHTS	IL 60005	USA					
	2225 E. OAKTON ST.	~ / /		UDA					
	2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OKGA NIZATION	2g. ORGANIZATIONAL ID #, if any						
	ORGANIZATION CORPORATION	IL	01517864 □						
	DESTOR								
	3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (2 4 or 3b)								
	3a. ORGANIZATION'S NAME								
	STATE FINANCIAL BANK, N.A.			T					
	OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX					
			0.						
	3c. MAILING ADDRESS	ICITY	STATE POS TAL CODE	COUNTRY					
	1301 WAUKEGAN RD	GLENVIEW	IL 60025	USA					
	1201 WATER LASAN DIX	LUBENVIEW	1 IL 1 90933	IUDA					

4. This FINANCING STATEMENT covers the following collateral:

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, insurnents (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

All cellular telecommunications towers and associated electronic equipment, buildings, structures, improvements and appurtenances now standing, or at any time hereafter constructed or placed, upon such land, including all right, title and interest of Borrower, if any, in and to all kind and nature whatsoever on said land or in any cellular telecommunications under

building material, building equipment and includes of every kind and hattire whatsoever on said take of in any	
owers, building, structure or improvement now or hereafter standing on said land which are classified as personal property or	tixtures
Continued on attached Financing Statement Addendum)	

NON-LICC FILING BAILEE/BAILOR CONSIGNEE/CONSIGNOR ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in ESTATE RECORDS. Attach Addendum All Debtors

OPTIONAL FILER REFERENCE DATA

Box 400-CTCC



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UCC FINANCING STATE	· · · · · · · · · · · · · · · · · · ·						
9. NAME OF FIRST DEBTOR (1a or '		EMENT	1				
9a. ORGANIZATION'S NAME ALBS WIRELESS SE	ERVICES CORPORAT		1				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
10. MISCELLANEOUS:							
D _C	000		THE ABOVE	SPACE !	S FOR FILING OFFIC	CE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbro	eviate or combine name	es			
11a. ORGANIZATION'S NAME	5			-			
OR		FIRST NAME		MIDDLE	NAME	SUFFIX	
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE			
11c. MAILING ADDRESS	0,	CITY		STATE	POSTAL CODE	COUNTRY	
11d. <u>SEE INSTRUCTIONS</u> ADD'L INFO ORGANIZAT DEBTOR	RE 11e. TYPE OF ORGANIZATION TION	15. JURISDICTION OF ORG	ANIZATION	11g. ORG	GANIZATIONAL ID#, if ar	NONE	
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME insert only one nam	ne (12a or 12b)				
12a. ORGANIZATION'S NAME		4/2					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY	
 13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filling. 14. Description of real estate: Please see attached Exhibit "A" 		applicable law and which are ared in connection with the operation, maintenance or protection of said build not structures and improvements as such (including, without limitation, all poilers air conditioning, ventilating, plumbing, heating, lighting and electrical systems and apparatus, all communications equipment and intercom systems and apparatus, all sprinkler equipment and apparatus and all elevators and escalators). All plans and specifications and all construction contracts for the converse referenced cellular towers.					
15. Name and address of a RECORD OWNI (if Debtor does not have a record interest Random Corporation 2910 West Lake St. Chicago, IL		17. Check only if applicable Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMITTI Filed in connection with a	Trustee acting with re- and check only one bo NG UTILITY	spect to pro	n - effective 30 years	Decedent's Estate	

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THE ESTATE OR INTEREST IN THE LAND DESCRIBED BELOW AND COVERED HEREIN IS: THE LEASEHOLD ESTATE (SAID LEASEHOLD ESTATE BEING DEFINED IN PARAGRAPH 1.C. OF THE ALTA LEASEHOLD ENDORSEMENT (S) ATTACHED HERETO), CREATED BY THE INSTRUMENT HEREIN REFERRED TO AS THE LEASE, EXECUTED BY: -, AS LESSOR, AND ALBS CONSTRUCTION, AS LESSEE, DATED -, WHICH LEASE WAS RECORDED - AS DOCUMENT -, WHICH LEASE DEMISES THE FOLLOWING DESCRIBED LAND FOR A TERM OF YEARS BEGINNING - AND, ENDING -.

LOT 64 (F) CEPT THE NORTH 105 FEET THEREOF) IN THE SUBDIVISION OF BLOCK 12 IN D. S. LEE ANT OTHER BEING A SUBDIVISION OF THE BOUTHWEST 1/4 IN SECTION 12, TOWNSHIP 39 NORTH, PARCE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLIMOIS,

SITE NUMBER:

CHI586

16-12-314-057-0000 K.A. 2910 W. LAKE ST. Chyp. IL. PIN# 16-12-314-057-0000