U	ICC	FINAN	CING	STA	TEME	ı <del>.</del>
·	~~	1111771	ACLINC3			

1a. ORGANIZATION'S NAME

15. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS

1d. SEE INSTRUCTIONS

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) HINSBROOK BANK AND TRUST 6262 S. ROUTE 83 WILLOWBROOK, IL 60527

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



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Doc#: 0603149058 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/31/2006 01:16 PM Pg: 1 of 2

BROOKFIELD EXPRESS CAR WASH, INC. FIRST NAME MIDDLE NAME SUFFIX STATE 9545 WEST ODGEN AVENUE POSTAL CODE COUNTRY BROOKFIELD IL 60513 **USA** ADD'L INFO RE TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any CODDODATE

	ORGANIZATION DEBTOR	CORPORATION	1f. JURISDICTION OF ORGANIZATION	. 581	GANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTO  2a. ORGANIZATION'S N	R'S EXACT FULL	LEGAL NAME - insert only or	debtor name (2a or 2b) - do not abbreviate or combin	e names		NC
OR 2b. INDIVIDUAL'S LAST	NAME		FIRST JAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS			СПУ	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF GAUIZATION	2g. ORG	ANIZATIONAL ID #, if any	<u> </u>
3. SECURED PARTY'S	NAME (or NAME o	TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party na. ~ (3- or 3b)			NO

OR AND TRUST	y one decided party ha	(135)	
30. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
6262 S. ROUTE 83	WILLOWBROOK	STATE POS AL CODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

5.	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNEE/CONSIGNE			
	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum			SELLER/BUYER	AG LIEN NON-UCC FILING
8.	OPTIONAL FILER REFERENCE DATA	[if applicable] [ADDITIC	REQUEST SEARCH REPORT NAL FEE] [0	(S) on Debtor(s) optional	All Debtors Debtor 1 Debtor 2

3.

00527

**USA** 

0603149058 Page: 2 of 2

## **UNOFFICIAL COPY**

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and ba	MENT ADDENDUN	A.	1			
9. NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING ST	ATEMENT	4			
I STOTISTICATIONS NAME			4			
BROOKFIELD EXPR		IC.				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
0. MISCELLANEOUS:						
1. ADDITIONAL DEBTOR'S EXACT F	UILLECAL NAME - insert only one	name (11a or 11b) - do not abbreve	THE ABOVE	SPACE	IS FOR FILING OFFIC	CE USE ONLY
11a. ORGANIZATION'S NAME		name (17a of 11b) - do not abbrev	ate or combine name	es		
R						
11b. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	111e TYPE OF ORGANIZATION	JURISDICTION OF ORGAN	IZATION	11g. OR	GANIZATIONAL ID #, if any	,
ADDITIONAL SECURED PARTY	Y'S or ASSIGNOR S/P'S	NAML - insert only one name (	12a or 12b)			NC
12b. INDIVIDUAL'S LAST NAME		OUL				<del>-</del>
		FIRST NAME		MIDDLE 1	NAME	SUFFIX
MAILING ADDRESS		CITY	5	STATE	POSTAL CODE	COUNTRY
collateral, or is filed as a fixture filing.	mber to be cut or as-extracted	16. Additional collateral descripti	on:	<u> </u>		
Description of real estate:  OTS 1, 2, 3, 4, 5, 6, 7, 8, 9 A DDITION TO WEST GROSSDALE F THE NORTH 1096.95 FEET OF F THAT PART OF THE WEST 1/2 F SECTION 3, TOWNSHIP 38 NOF HE THIRD PRINCIPAL MERIDI GDEN AVENUE, IN COOK COUNT	THE WEST 333.4 FEET OF THE NORTHWEST 1/4 RTH, RANGE 12, EAST OF		4	Š (	Office	
Name and address of a RECORD OWNER of a record interest).  NSBROOK BANK & TRUST AS TRUED 11/30/2000  SOUTH ROUTE 83  LLOWBROOK, IL 60527	RUSTEE U/T/A NO. 00-049	7. Check only if applicable and chopebtor is a Truste or Truste 8. Check only if applicable and chopebtor is a TRANSMITTING UTII	e acting with respect eck only one box.	to proper	ty held in trust or □ □	eceden <b>t's</b> Estate