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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) SOMERCOR 504, INC. TWO EAST 8TH STREET, SUITE 2M CHICAGO, IL 60605 THE ABOV. 1. DEBTOR'S EXACT FULL Le CAL NAME - insert only poe debtor name (1a or 1b) - do not abbreviate or combine names [1a. ORGANIZATION'S NAME]



Doc#: 0603703190 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 02/06/2006 04:21 PM Pg: 1 of 3

| THE ABOVE | SPACE IS | FOR FILING | OFFICE USE | ONLY |
|-----------|----------|------------|------------|------|

| 1. DEBTOR'S EXACT F | ULL LECAL NAM | E - insert only one debtor name (1a | or 1b) - do not abbreviate or combine names | | |
|--|----------------------------|---|--|--------------------------------|---------|
| 1a. ORGANIZATION'S N | | | | ····· | |
| NEW STRI | EAMWO? | D LANES, INC | · · | | |
| OR 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | | |
| 1c. MAILING ADDRESS | | | ary | STATE POSTAL CODE | COUNTRY |
| 1232 E. IRVING PARK ROAD | | | STREAMWOOD | IL 60107 | USA |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 19. TYPE OF ORG INIZATION | | 11. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | | |
| | ORGANIZATION DEBTOR | ILLINOIS | CORPORATION | IL64240684 | NONE |
| 2. ADDITIONAL DEBTOR | R'S EXACT FULL | LEGAL NAME - insert only ing | r abt i name (2a or 2b) - do not abbreviate or con | nbine names | |
| 2a. ORGANIZATION'S N | | | 7 | | |
| | | | | | |
| OR 26. INDIVIDUAL'S LAST | NAME | *************************************** | FIR T NAME | MIDDLE NAME | SUFFIX |
| | | | 0, | | |
| 2c. MAILING ADDRESS | | ату | STATE POSTAL CODE | COUNTRY | |
| | | | 1//, | | |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF C.RG INITATION | 2g. ORGANIZATIONAL ID#, if any | f |
| | DEBTOR | 1 | | 1 | NONE |
| 3. SECURED PARTY'S | NAME (or NAME of | of TOTAL ASSIGNEE of ASSIGNOR | R S/P) - insert only one secured party na. 75 (31 or | (3b) | |
| 3a. ORGANIZATION'S NA | = | | | | |
| | | ESS ADMINIST | CRATION | | |
| OR 35. INDIVIDUAL'S LAST NAME | | FIRST NAME | MICOLE NAME | SUFFIX | |
| | | | | 100 | |
| 3c. MAILING ADDRESS | | | CITY | STATE OS AL CODE | COUNTRY |
| 500 W. MADISON ST., SUITE 1250 | | | CHICAGO | IL 60661 | USA |
| 4. This FINANCING STATEME | NT covers the follow | ving collateral; | | | |

FOR ALL EQUIPMENT AND FIXTURES FINANCED AS PART OF THE "504 PROJECT", AND ALL PROCEEDS THEREFROM AND REPLACEMENTS THEREOF, INCLUDING BUT NOT LIMITED TO THE ITEMS LISTED ON EXHIBIT A.

| 5. ALTERNATIVE DESIGNATION (if applicable): | LESSEE/LESSOR CONSIG | NEE/CONSIGNOR BAILER | BAILOR SELLER/BUYER | AG, LIEN NON-UCC FILING |
|---|--|----------------------|----------------------------|-------------------------------|
| This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | [for record] (or recorded) in the REAL [if applicat | | RCH REPORT(S) on Debtor(s) | All Debtors Debtor 1 Debtor 2 |
| 8, OPTIONAL FILER REFERENCE DATA | | | | |
| M/L#1396 | | | | |

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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 STA | TEMENT | | | | |
| 92. ORGANIZATION'S NAME NEW STREAMWOOD LANES, INC. | CMPIA | | | | |
| 9b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| | | | | | |
| 10. MISCELLANEOUS: | | | | | |
| | | THE ABOVE ! | SPACE | IS FOR FILING OFFICE | USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one n | ame (11a or 11b) - do not abbrevi | | | | |
| 11a. ORGANIZATION'S NAME | | | | | |
| OR 11b, INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | | | | |
| 11c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION | TTI. JURISDICTION OF ORGAN | IZATION | 11g. OR0 | J SANIZATIONAL ID#, if any | |
| ORGANIZATION DEBTOR | | | | | NONE |
| 12. ADDITIONAL SECURED PARTY'S QC ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME | NAME - if sen only one name | (12a or 12b) | | | |
| SOMERCOR 504, INC. | 0/2 | | | | |
| OR 125. INDIVIDUAL'S LAST NAME | FIRST NAME | · · · · · · · · · · · · · · · · · · · | MIDDLE | NAME | SUFFIX |
| | 1 | | | | |
| 12c. MAILING ADDRESS TWO EAST 8TH STREET | CHICAGO | | STATE | POSTAL CODE | USA |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracted | 16. Additional collateral descrip | ation: | יוו | 00003 | JUSA |
| collateral, or is filed as a X fixture filing. | 1 or 7 world tell conditional descrip | AUNI: | • | | |
| 14. Description of real estate: | | 7 | | | |
| | <u> </u> | | 0, | | |
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| 15. Name and address of a RECORD OWNER of above-described real estate | | | | | |
| (if Debtor does not have a record interest): | | | | | |
| | | | | | |
| | 17. Check only if applicable and | | | | |
| | Debtor is a Trust or To | | pect to pr | operty held in trust or C | Decedent's Estate |
| | 18. Check only if applicable and | | | | |
| | Debtor is a TRANSMITTING Filed in connection with a M | | antartica | - effective 30 warm | |
| | Filed in connection with a P | | | • | |

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EXHIBIT A-LEGAL DESCRIPTION ARNES FIRST ODDITION TO STREAMOON BEING A SUBDIVISION OF THAT PART OF THE EAST 305.52 FEET OF THE WEST 1160.00 FEET AS MEASURED AT RIGHT ANGLES TO THE WEST LINE THEREOF, OF THAT PART OF THE EAST HALF OF THE SOUTH WEST QUARTER OF SECTION 25, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTHERLY OF THE CENTER LINE OF STATE OF ROUTE 19, IN COOK COUNTY, ILLINOIS.

PARCEL 2: LOT 2 IN BARNES FIRST ADDITION TO STREAMWOOD BEING A SUBDIVISION OF THAT PART OF THE EAST 305.52 FEET OF THE WEST 1160.06 FEET AS MEASURED AT RIGHT ANGLES TO THE WEST LINE THEREOF, OF THAT PART OF THE EAST HALF OF THE SOUTH WEST QUARTER OF SECTION 25, TOWNSHIP 41 NORTH RANGE 9, EAST OF THE THIRD PRINICIPAL MERIDIAN, LYING NORTHERLY OF THE CENTER LINE OF STATE ROUTE 19, IN COOK COUNTY, ILLINOIS.

Common Address: 1232 E. Irving Park Rd.

Streenwood, IL 60107

Str.
11-022-06.
91-023-0000

OPERAS OFFICE PIN#: 06 25 301-022-0000 06-25-301-023-0000