

# UNOFFICIAL COPY



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Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 07/06/2006 02:58 PM Pg: 1 of 3

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**NATIONAL CITY BANK OF THE MIDWEST  
SMALL BUSINESS BANKING  
101 WEST WASHINGTON STREET, 700E  
INDIANAPOLIS, IN 46255**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME <b>HEENA VITAL RX, INC</b>		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 1b. INDIVIDUAL'S LAST NAME		CITY <b>CHICAGO</b>		STATE <b>IL</b>	POSTAL CODE <b>60618</b>	COUNTRY <b>USA</b>	
1c. MAILING ADDRESS <b>4332 N. CALIFORNIA AVENUE</b>		1e. TYPE OF ORGANIZATION <b>CORPORATION</b>		1f. JURISDICTION OF ORGANIZATION <b>IL</b>		1g. ORGANIZATIONAL ID#, if any <b>64627902</b> <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME <b>PALOS BANK AND TRUST COMPANY, AS TRUSTEE UNDER THE PROVISIONS OF A TRUST AGREEMENT DATED 05/04/05 AND KNOWN AS TRUST # 1-6467</b>		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 2b. INDIVIDUAL'S LAST NAME		CITY		STATE <b>IL</b>	POSTAL CODE	COUNTRY <b>USA</b>	
2c. MAILING ADDRESS		2e. TYPE OF ORGANIZATION <b>TRUST</b>		2f. JURISDICTION OF ORGANIZATION <b>IL</b>		2g. ORGANIZATIONAL ID#, if any <input checked="" type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>NATIONAL CITY BANK OF THE MIDWEST</b>		FIRST NAME		MIDDLE NAME		SUFFIX	
OR 3b. INDIVIDUAL'S LAST NAME		CITY <b>ELK GROVE VILLAGE</b>		STATE <b>IL</b>	POSTAL CODE <b>60007</b>	COUNTRY <b>USA</b>	
3c. MAILING ADDRESS <b>550 MEACHAM ROAD</b>							

4. This FINANCING STATEMENT covers the following collateral: **ALL CHATTEL PAPER, ACCOUNTS AND GENERAL INTANGIBLES; 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 OTHER ACCOUNTS PROCEEDS)**

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<b>NATIONAL CITY BANK OF THE MIDWEST          SMALL BUSINESS BANKING          101 WEST WASHINGTON STREET, 700E          INDIANAPOLIS, IN 46255</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

1a. ORGANIZATION'S NAME <b>HEENA VITAL RX, INC</b>					
OR	1b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS <b>4332 N. CALIFORNIA AVENUE</b>		CITY <b>CHICAGO</b>	STATE <b>IL</b>	POSTAL CODE <b>60618</b>	COUNTRY <b>USA</b>
1d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>CORPORATION</b>	1f. JURISDICTION OF ORGANIZATION <b>IL</b>	1g. ORGANIZATIONAL ID#, if any <b>64627902</b>	<input type="checkbox"/> NONE

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2a. ORGANIZATION'S NAME <b>PALOS BANK AND TRUST COMPANY, AS TRUSTEE UNDER THE PROVISIONS OF A TRUST AGREEMENT DATED 05/04/05 AND KNOWN AS TRUST # 1-6467</b>					
OR	2b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE <b>IL</b>	POSTAL CODE	COUNTRY <b>USA</b>
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**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME <b>NATIONAL CITY BANK OF THE MIDWEST</b>					
OR	3b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS <b>550 MEACHAM ROAD</b>		CITY <b>ELK GROVE VILLAGE</b>	STATE <b>IL</b>	POSTAL CODE <b>60007</b>	COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral: **ALL CHATTEL PAPER, ACCOUNTS AND GENERAL INTANGIBLES; 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 OTHER ACCOUNTS PROCEEDS)**

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7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

[ADDITIONAL FEE]

[optional]

 All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

# UNOFFICIAL COPY

(2) ACKNOWLEDGMENT COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

~~Property of Cook County Clerk's Office~~