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| C FINANCING S | TATEMENT ont and back) CAREFULLY | | Doc#: 0618754069 Fee: \$28.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 07/06/2006 02:58 PM Pg: 1 of 3 | | | | | |
|---|--|--|--|--|---|--|--|--|
| NAME & PHONE OF CON | ITACT AT FILER [optional] | | Date: 07/06/2 | 006 02:58 PM F | ²g: 1013 | | | |
| NATIONA SMALL E 101 WES INDIANA | AL CITY BANK OF THE MIDWI BUSINESS BANKING T WASHINGTON STREET, 70 FOLIS, IN 46255 | DE THE ABO | VE SPACE IS FOR F | ILING OFFICE USI | E ONLY | | | |
| ta. ORGANIZATION'S N. HEENA VITA | AME | | | | SUFFIX | | | |
| 1b. INDIVIDUAL'S LAST | | FIRST NAME | MIDDLE NAM | | | | | |
| c. MAILING ADDRESS | ORNIA AVENUE | CHICAGO | STATE | POSTAL CODE 60618 | USA | | | |
| d. TAX ID#: SSN OR EIN | ADD'L INFO RE 18. TYPE OF ORGAN ZATION ORGANIZATION CORPORATION DEBTOR | | • - | 1g. ORGANIZATIONAL ID#, if any | | | | |
| I= | NAME | KNOLVN AS TRUST # 1 | MIDDLE NA | ME | ŞÜFFIX | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN | ADD'L INFO RE 2e. TYPE OF ORGANIZATION | CITY | STATE | POSTAL CODE | COUNTRY | | | |
| 2c. MÁILING ADDRESS 2d. TAX ID#: SSN OR EIN | ADD'L INFO RE 2e. TYPE OF ORGANIZATION TRUST | CITY 2f. JURISDICTION OF SKGANIZAT | STATE L IL Ig. ORGAN | POSTAL CODE | COUNTRY | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TRUST NAME (or NAME of TOTAL ASSIGNEE of ASSIGNAME) | CITY 2f. JURISDICTION OF SEGANIZAT IL GNOR S/P) - insert only one secured party run | STATE L IL Ig. ORGAN | POSTAL CODE | COUNTRY | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION TRUST NAME (or NAME of TOTAL ASSIGNEE OF ASSINAME L CITY BANK OF THE MI | CITY 2f. JURISDICTION OF SEGANIZAT IL GNOR S/P) - insert only one secured party run | STATE IL ION 2g. ORGAN (Ca or 3b) | POSTAL CODE IZATIONAL ID#, if any | COUNTRY USA NOT | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I 3a. ORGANIZATION'S I NATIONA 3b. INDIVIDUAL'S LAST 3c. MAILING ADDRESS 500 MEACH | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION TRUST NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME L CITY BANK OF THE MITT NAME | CITY 2f. JURISDICTION OF ERGANIZAT IL GNOR S/P) - insert only one secured party ran DWEST FIRST NAME CITY ELK GROVE VILL | STATE L | POSTAL CODE IZATIONAL ID#, if any AME POSTAL CODE \$0007 | SUFFIX COUNTRY USA | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I 3a. ORGANIZATION'S I NATIONA 3b. INDIVIDUAL'S LAST 3c. MAILING ADDRESS 550 MEACH 4. This FINANCING STAT WHETHER ANY REPLACEMENT | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TRUST NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME L CITY BANK OF THE MITT NAME | CITY IL GNOR S/P) - insert only one secured party r are FIRST NAME CITY ELK GROVE VILL CHATTEL PAPER, ACCOUNTED NOW OR ACQUIRED LATING TO ANY OF THE FOLL PROCEEDS RELATING T | STATE IL TION 2g. ORGAN MIDDLE NA STATE IL NTS AND GENI ATER; ALL AC PREGOING; ALL O ANY OF THE | POSTAL CODE IZATIONAL ID#, if any IME POSTAL CODE \$9007 ERA'L INTANG CESS'ONS, L RECORDS E FOREGOIN | SUFFIX COUNTRY USA GIBLES; ADDITIONS, OF ANY KINE | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I 3a. ORGANIZATION'S I NATIONA OR 3b. INDIVIDUAL'S LAST 550 MEACH 4. This FINANCING STAT WHETHER ANY REPLACEMENT RELATING TO A (INCLUDING INS) | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION TRUST NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME L CITY BANK OF THE MI T NAME AM ROAD TEMENT covers the following collateral: ALL OF THE FOREGOING IS OWN TS, AND SUBSTITUTIONS REL ANY OF THE FOREGOING; AL SURANCE, GENERAL INTANG | CITY IL SNOR S/P) - insert only one secured party rare FIRST NAME CITY ELK GROVE VILL CHATTEL PAPER, ACCOUNTED NOW OR ACQUIRED LATING TO ANY OF THE FOLL PROCEEDS RELATING TO BIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED LATING TO SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED SIBLES AND OTHER ACCOUNTED SIBLES AND SIBLES | STATE L | POSTAL CODE IZATIONAL ID#, if any POSTAL CODE \$2007 ERA'_ INTANG CESS!ONS, L RECORDS E FOREGOIN EDS) | SUFFIX COUNTRY USA GIBLES; ADDITIONS, OF ANY KINE | | | |
| 2c. MAILING ADDRESS 2d. TAX ID#: SSN OR EIN 3. SECURED PARTY'S I 3a. ORGANIZATION'S I NATIONA OR 3b. INDIVIDUAL'S LAST 5. MAILING ADDRESS 550 MEACH 4. This FINANCING STAT WHETHER ANY REPLACEMENT RELATING TO A (INCLUDING INS | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TRUST NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME L CITY BANK OF THE MITTON OF THE FOREGOING IS OWNED, AND SUBSTITUTIONS RELAMY OF THE FOREGOING; ALSONY OF T | CITY IL GNOR S/P) - insert only one secured party range of the party | STATE L | POSTAL CODE IZATIONAL ID#, if any MAE POSTAL CODE \$ 9007 ER INTANG CESS! GNS, L RECORDS E FOREGOIN EDS) | SUFFIX COUNTRY USA GIBLES; ADDITIONS, OF ANY KINE | | | |

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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) | | | | | | |
| | \neg | | | | | |
| NATIONAL CITY BANK OF THE MIDWES | т ' | | | | | |
| SMALL BUSINESS BANKING | | | | | | |
| 101 WEST WASHINGTON STREET, 700E INDIANAPONS, IN 46255 | | | | | | |
| 1120 110 110 110 110 110 110 110 110 110 | ıl. | | | | | |
| | | | ACE IS FOR | R FILING OFFICE US | E ONLY | |
| DEBTOR'S EXACT FULL LEGA . N . ME – insert only one debtor name (1a or 1a. ORGANIZATION'S NAME | r 1b) – do not abbreviate or co | ombine names | | | | |
| HEENA VITAL RX, INC | | | | | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE N | AME | SUFFIX | |
| 1c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY | |
| 4332 N. CALIFORNIA AVENUE | CHICAGO | | IL | 60618 | USA | |
| 1d. TAX ID#: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZ# ,ION | 1f. JURISDICTION OF O | RGANIZATION | | NIZATIONAL ID#, if any | USA | |
| ORPORATION CORPORATION | | | 164627 | 7902 | ☐ NONE | |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one data. ORGANIZATION'S NAME | btc name (2a or 2b) - do not | abbreviate or combine | names | | | |
| PALOS BANK AND TRUST COMPANY, | AS TRUSTEE | UNDER T | HE PR | ONISIONS O | E A TOHET | |
| OR AGREEMENT DATED 05/04/05 AND KN | OWILAS TRU | ST # 1_646 | 7 | 5 V 1510145 C | T A INUST | |
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAM : | <u> </u> | MIDDLE NAME SUFFIX | | | |
| 2c. MAILING ADDRESS | 4 | ······································ | | | | |
| 20. MAILING AUDINESS | CITY | X, | STATE | POSTAL CODE | COUNTRY | |
| 2d. TAX ID#: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF OF | RO ANIZATION | 1 | L IZATIONAL ID#, if any | USA | |
| ORGANIZATION TRUST | IL | | 1 | | None | |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR | S/P) - insert only <u>one</u> secure | d party name (3 , or)) |)) | | | |
| 3a. ORGANIZATION'S NAME NATIONAL CITY BANK OF THE MIDW | FQT | | Z . | | · · · · · · · · · · · · · · · · · · · | |
| OR 35. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDD E NAME | | SUFFIX | |
| | | | 0. | | 001111 | |
| 3c. MAILING ADDRESS 550 MEACHAM ROAD | CITY | \/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | STATE | PC STAL CODE | COUNTRY | |
| | ELK GROVE | | IL | 60007 | USA | |
| 4. This FINANCING STATEMENT covers the following collateral: ALL CHAT | TTEL PAPER, AC | COUNTS AN | D GENE | RAL INTANGI | BLES; | |
| WHETHER ANY OF THE FOREGOING IS OWNED N | NOW OR ACQUIR | RED LATER; | ALL AC | CESSIONS, AD | DDITIONS, | |
| REPLACEMENTS, AND SUBSTITUTIONS RELATIN RELATING TO ANY OF THE FOREGOING; ALL PRO | NCEEDS DELAT | HE FOREGO | NG; AL | L RECORDS O | F ANY KIND | |
| (INCLUDING INSURANCE, GENERAL INTANGIBLE | S AND OTHER A | ING TO ANT | OF THE | : FUREGUING | | |
| , | | .00001137 | NOCEE | D3) | | |
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| | | | | | | |
| ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNE | E/CONSIGNOR BAILE | E/BAILOR 🗌 SEL | LER/BUYER | ☐ AG. LIEN ☐ NO | N-UCC FILING | |
| ESTATE RECORDS. Attach Addendum [if applicable] | Check to REQUEST SE | ARCH REPORT(S) on I | Debtor(s) | | Debtor 1 Debtor 2 | |
| OPTIONAL FILER REFERENCE DATA | Paparitoiwe CEE | | [optional] | All Depotors [] | Peptor T Debtor 2 | |
| | | | | | | |

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

