

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

• • • • • • • • • • • • • • • • • • • •	
A NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	662-4141
8. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services	9140413
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE I

Doc#: 0624227022 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 08/30/2006 09:33 AM Pg: 1 of 2

			CC IL Cook+, IL				ING OFFICE USE ONLY	
1. DE	EBTOR'S EXACT FULI	LEGAL MAME -	insert only one debtor name (1a	or 1b) - do not	abbreviate or combine names	}		
	1a. ORGANIZATION'S NA		9					
DR	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	IAME	SUFFIX
	GONZAGA		<i>y</i>	CLEME	NTE			
81	AILING ADDRESS 6 S FLETCHE	R DR	Ox	WHEE	LING	STATE IL	60090-4516	COUNTRY
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN IZATION	1f. JURISDICTI	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
2. AI	DDITIONAL DEBTOR'S	EXACT FULL L	EGAL NAME - insert only <u>or end</u>	h'.or name (2a	or 2b) - do not abbreviate or c	ombine n	ames	
	2a. ORGANIZATION'S NA							
	26 INDIVIDUAL'S LAST N	IAME		YOLA!	JDA	MIDDLE I	NAME	SUFFIX
	MAILING ADDRESS 6 S FLETCHE	ER DR		CITY WHEE	LING	STATE	POSTAL CODE 60090-4516	COUNTRY
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION		ION OF CAGANIZATION		ANIZATIONAL ID #, if any	NONE
3. SI	BOURED PARTY'S NA 3ª ORGANIZATION'S NA PRIME ACC	ME	TOTAL ASSIGNEE OF ASSIGNO	PR S/P) - insert	only one secured at, name	(3a or 3b	)	
OR	3b. INDIVIDUAL'S LAST t	NAME		FIRST NAME		N ID DLE	NAME	SUFFIX
30 N	MAILING ADDRESS 10 WEST JAC	KSON BL	VD #720	СНІСА	GO	STAT)	PUSTAL CODE FUE 06	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

03-10-110-030-0000

WHOLE WATER TREATMENT SYSTEM

9140413

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/L	·····	SELLER/BUYER AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed (for record)	(or recorded) in the REAL 7. Check to REQUEST SEARCH REPO	PRT(\$) on Debtor(\$)  [optional]  All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		

610061885

## 

## **UNOFFICIAL COPY**

FINANCING STATEM FOLLOW INSTRUCTIONS (front and	ENT ADDENDUM					
9a. ORGANIZATION'S NAME.	1b) ON RELATED FINANCING STATEM	MENT				
SH INDIVIDUAL'S LAST NAME GONZAGA	FIRST NAME CLEMENTE	MIDDLE NAME, SUFFIX				
D. MISCELLANEOUS						
140413-IL-31						
0656 PRIME ACCEPTAN						
10061885						
ile with: CC IL Cook+, IL	000		THE ABOVE SPA	CE IS FO	R FILING OFFICE US	E ONLY
	FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not	abbreviate or combin	e names		
11a, ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INI ORGANIZ DEBTOR		11f. JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL ID#,	if any
ADDITIONAL SECURED PA	ARTY'S <u>or</u> ASSIGNOR S/P's N/	ME - ingert only <u>one</u> name	e (12a or 12b)			
12a. ORGANIZATION'S NAME		45				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
				ŧ		
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture	timber to be cut or as-extracted as-extracted	16. Additional collateral desc	cription:			<u> </u>
4. Description of real estate:			O			
Description: PART E2 NW4 I R11E 3P APN: 03-10-110 DUNHURST UNIT 04 LEGAL Parcel ID: 03-10-110-030-0	SEC10 PART SW4 S03+ T42 0-030-0000 SUBDIVISION: LOT: 1 LEGAL BLOCK: 4.					
	•					
5. Name and address of a RECORD OWN (if Debtor does not have a record inte		17. Check only if applicable	and check only one box	<u>-</u>		
		Debtor is a Trust or	Trustee acting with resp	ect to prop	perty held in trust c	Decedent's Estat
		18. Check only if applicable				
		Debtor is a TRANSMITT		ransaction	n effective 30 vears	
			a Public-Finance Transa			