IOFFICIAL COPY Docff: "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds UCC FINANCING STATEMENT Coun County Mediciner of Deed 1 of 4 Date: 09/28/2006 02:50 PM Pg: 1 of 4 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B, SEND ACKNOWLEDGMENT TO: (Name and Address) **Corporation Service Company** P.O. Box 2969 Springfield, IL 62708

	THE ABOVE	SPACE IS FOR FILING OFFICE U	SEUNLY
1. DEBTOR'S EXACT FULL LL'GF L NAME - insert only one debtor n	ame (1a or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME			
TRI-POWDERCOATING. INC.			
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
8585 SOUTH 77TH AVENUE	BRIDGEVIEW	IL 60455	USA
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGAN' A	TIO, I 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if an	у
ORGANIZATION CORPORAT	ON ILLINOIS	IL51602056	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert o	niy wie Jeu'or name (2a or 2b) - do not abbreviate or com	bine names	
2a. ORGANIZATION'S NAME			
	τ_{-}		
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDDLE NAME	SUFFIX
zu. morendone o anor mane			
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
26. MARLING ADDITION			000,411(1
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZA	TION 21. JURISDICTION OF CREAN ZATION	2g, ORGANIZATIONAL ID#, if an	у
ORGANIZATION			
DEBTOR		<u> </u>	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	SIGNOR S/P) - insert only one secured party na ne (3a or	3b)	
38. ORGANIZATION'S NAME		2	
BRIDGE HEALTHCARE FINANCE, I	LLC, AS AGENT	- /-	
OR 35. INDIVIDUAL'S LAST NAME	FIRST NAME	ARODI E NAME	SUFFIX
3c. MAILING ADDRESS	СПУ	STAT' POSTAL CODE	COUNTRY
233 SOUTH WACKER DRIVE	CHICAGO	IL 60006	USA

4. This FINANCING STATEMENT covers the following collateral:

ALL PROPERTY AND ASSETS OF THE DEBTOR OF ANY KIND OR DESCRIPTION, TANGIBLE OR INTANGIBLE, WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED, AND WHERESOEVER LOCATED, ALONG WITH ALL PRODUCTS AND PROCEEDS THEREFROM, INCLUDING WITHOUT LIMITATION, THE PROPERTY AND ASSETS DESCRIBED IN EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

BOX 314

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYERAG, LIEN	NON-UCCFILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT (SEARCH REPORT OF THE RECORDS. Attach Addendum (FET) (ADDITIONAL FEET)	ORT(S) on Debtor(s) All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	100	
FILE COOK COUNTY, ILLINOIS RECORDER OF DEEDS 48/17	110-001	40
EN INC OFFICE CORV. MATIONAL LICC FINANCING STATEMENT (CORM LICCA) (PEV 07/20/08)		

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UCC FINANCING STATEMENT ADDE	:NDOM		Ì			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FIN	IANCING STATEM	ENT	1			
9. NAME OF FIRST DEBTOR (13 of 15) ON RELATED FIT	MNCING STATEM	ILIN :	i			
TRI-POWDERCOATING, INC.						
OR 95. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME, SUFFIX				
SP. INDIVIDUACS CAST NAME						
10.MISCELLANEOUS:						
, indouble it is to be						
			THE ABOVE	SPACE I	s for filing offic	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LGAL NAME	insert only <u>one</u> name	(11a or 11b) - do not abbre	viate or combine name	3		
11a, ORGANIZATION'S NAME						
						1
OR 11b. INDIVIDUAL'S LAST NAME	FiR	RST NAME		MIDDLE	NAME	SUFFIX
				OT4TP	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	CIT	Y .		STATE	POSTALCODE	COONTRI
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF OR	GANIZATION T	JURISDICTION OF ORGA	NIZATION	11a. ORG	ANIZATIONAL ID #, if a	1
ORGANIZATION	7		. , , , , , , , , , , , , , , , , , , ,	j. 13 11. I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NON
DEBTOR ASS	CNOB SIB'S NO	AM. 7 - insert only one name	o (42a or 17b)	<u> </u>		I INCh
12. ADDITIONAL SECURED PARTY'S QI ASSI	GNUK S/FS NA	AWI T - Inselt only one name	9 (128 07 120)			
OR 12b. INDIVIDUAL'S LAST NAME	FIR	RST NAME		MIDDLE	NAME	SUFFIX
			7			İ
12c. MAILING ADDRESS	CIT	TY J		STATE	POSTAL CODE	COUNTRY
				<u> </u>		
13. This FINANCING STATEMENT covers timber to be cut or	as-extracted 16	. Additional collateral desc	ription:			
collateral, or is filed as a x fixture filing. 14. Description of real estate:	-			/		
14. Description of real estate:	ŀ			7		
SEE EXHIBIT B ATTACHED HER	ETO			ى '		
AND INCORPORATED HEREIN F	3Y					
REFERENCE					U.S.	
REFERENCE						
					Office	
					C	
	-					
15. Name and address of a RECORD OWNER of above-described re	al estate					
(if Debtor does not have a record interest):						
JOHN M. DALEY & ASSOCIATES						
2340 N. RIVER ROAD, SUITE 202	1	. Check <u>only</u> if applicable a				
DES PLAINES, IL 60018	De	btorisa Trust or			roperty held in trust or	Decedent's Estat
DESTERMINES, IL OUOTO	18 	. Check <u>only</u> if applicable a		.		
		Debtor is a TRANSMITTII		[man====4]	affection 20	
		Filed in connection with a				
		I rised in connection with a	rubic-rinance irans:	а∪воп — е	recave ou years	

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EXHIBIT A TO UCC FINANCING STATEMENT BETWEEN TRI-POWDERCOATING, INC. AS DEBTOR AND BRIDGE HEALTHCARE FINANCE, LLC, AS AGENT, AS SECURED PARTY

This Financing Statement covers the following types (or items) of property:

All property, assets, rights and interests in property of Debtor, of any kind or description, tangible or intangible, whether now or hereafter owned, existing, acquired or arising and wherever now or hereafter located, including, without limit, the following:

(a) all Accounts and all Goods whose sale, lease or other disposition by Debtor has given rise to Accounts and have been returned to, or repossessed or stopped in transit by, Debtor; (b) all Chattel Paper, Instruments Documents and General Intangibles (including, without limitation, all Intellectual Property, icenses, software, franchises, tax refund claims, claims against carriers and shippers, guarantee claims, contract rights, Payment Intangibles, security interests, security deposits and rights to indemnification); (c) all Inventory; (d) all Goods (other than Inventory), including, without limitation, Equipme it, vehicles and Fixtures; (e) all Investment Property; (f) all Deposit Accounts, bank accounts, deposits and cash; (g) all Letter-of-Credit Rights; (h) Commercial Tort Claims; (i) all Supporting Obliga ions; (j) any other property of Debtor now or hereafter in the possession, custody or control of Secured Party or any agent, parent, affiliate or subsidiary of Secured Party or any participant with Secured Party in any loan to Debtor, for any purpose (whether for safekeeping, deposit, collection, custody, pledge, transmission or otherwise); and (k) all additions and accessions to, substitutions for, and replacements, products and Proceeds of the foregoing property, including, without limitation, proceeds of all insurance policies insuring the foregoing property, and all of Debtor's books and records relating to any of the foregoing and to Debtor's business.

The terms "Account", "Chattel Paper", "Commercial Tor. Claim", "Deposit Account", "Document", "Equipment", "Fixture", "General Intangible", "Good", "Instrument", "Inventory", "Investment Property", "Letter-of-Credit Right", "Payment Intangible", "Proceeds", "Software", and "Supporting Obligation", shall have the respective meanings assigned to such terms in the Uniform Commercial Code as in effect from time to time in the State of Illinois.

This filing evidences a blanket security in all present and future assets of the Debtor granted in favor of Secured Party.

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STATEMENT BETWEEN UCC FINANCING TO **EXHIBIT** POWDERCOATING, INC. AS DEBTOR AND BRIDGE HEALTHCARE FINANCE, LLC, AS AGENT, AS SECURED PARTY

Legal Description

THAT PART OF THE EAST ½ OF THE EAST ½ OF THE SOUTHWEST ¼ OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE WEST LINE OF SAID EAST 1/2 OF THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 36, 179.0 FEET (AS MEASURED ALONG THE WEST LINE) NORTH OF THE SOUTH LINE OF SAID SECTION 36; THENCE EAST ALONG A LINE PERPENDICULAR TO THE LAST DESCRIBED COURSE, 33.0 FEET TO THE POINT OF BEGINNING; THENCE NORTH ALONG A LINE 33.0 FEET EAST OF AND PARELLEL TO THE WEST LINE OF THE EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SAID SECTION 36, 1212.0 FEET; THENCE EAST ALONG A LINE PERPENDICULAR TO THE LAST DESCRIBED COURSE TO THE WEST LINE OF THE BALTIMORE AND OHIO CHICAGO TERMINAL RAILROAD RIGHT OF WAY (BEING THE EAST 33.0 FEET EAST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION SOUTHERLY ALC'NG SAID LOT 1122.0 FEET; THENCE SOUTHWESTERLY ALONG A STRAIGHT LINE TO THE POINT OF BEGINNING (EXCEPT THAT PART DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID TRACT; THENCE NORTH ALONG THE WEST LINE OF SAID TRACT 429.0 FEET; THENCE EAST ALONG A LINE PARTILLEL TO THE NORTHLINE OF SAID TRACT, 510.0 FEET; THENCE NORTHEASTERLY ALONG A STRAIGHT LINE 240.0 FEET MORE OR LESS TO A POINT ON THE EAST LINE OF SAID TRACT, SAID POINT BEING 559.89 FEET SOUTH OF THE NORTHEAST CORNER OF SAID TRACT; THENCE SOUTH ALONG THE EAST LINE OF SAID TRACT, 562.11 FEET TO THE SOUTHEAST CORNER OF SAID TRACT; THENCE WESTERLY ALONG THE SOUTH LINE OF SAID TRACT TO THE POINT OF BEGINNING, ALSO EXCEPT THE NORTH 543.00 FEET OF SAID TRACT), ALL IN COOK COUNTY, ILLINOIS. 7//C0

ADDRESS: 8585 SOUTH 77TH AVENUE

BRIDGEVIEW, ILLINOIS 60455

PIN: 18-36-306-009-0000