WNOFFICIAL CO

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 10656 PRIME ACCEPTAN 9390249 **UCC Direct Services** P.O. Box 29071 ILIL Glendale, CA 91209-9071 **FIXTURE**

Doc#: 0629106001 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 10/18/2006 11:00 AM Pg: 1 of 2

File with: CC IL Cook+, IL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. DE	EBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name ((1a or 1b) - do not abbre	viate or combine names					
	1a. ORGANIZATION'S NAME							
	1b. INDIVIDUAL'S LAST NAME HERRERA	FIRST NAME CRISTINA	MIDDL	E NAME	SUFFIX			
	AAILING ADDRESS 38 S. 50TH AVE	CICERO	STATE	POSTAL CODE 60804	COUNTRY			
1d. <u>S</u>	ADD'L INFO RE ORGAN ZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF	ORGANIZATION 1g. O	RGANIZATIONAL ID #, if any	NONE			
2. Al	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	dubtur name (2a or 2b)	- do not abbreviate or combine	names				
	ORGANIZATION'S NAME							
OR	GONZALEZ	LESTER	TER MIDDLE NAME		SUFFIX			
	MAILING ADDRESS 138 S. 50TH AVE	CICERO	STATI IL	POSTAL CODE 60804	COUNTRY			
_	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF		RGANIZATIONAL ID #, if any	NONE			
3. S	ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	NOR S/P) - insert only o	ne_secured purply name (3a or 3	3b)				
	PRIME ACCEPTANCE CORP.							
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	V CO W	LE NAME	SUFFIX			
30 A	MAII ING ADDRESS 00 WEST JACKSON BLVD. #720	CHICAGO	STAT IL	PC STAL CODE びいかり6	COUNTRY			

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM Parcel ID: 16-33-216-023-0000

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5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed (for record) (or records	ed) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [if applicable] [ADDITIONAL FEE] [optional]
8. OPTIONAL FILER REFERENCE DATA	
9390249	426-04-1723

0629106001 Page: 2 of 2

UNOFFICIAL COPY

NAME OF FIRST DESTOR (1s or 1b) ON RELATED FINANCING STATEMENT SO REGISTERATE MARK ACCURRE PROTECT MARK MARIA MIDDLE NAME SUFFIX MARIA MIDDLE NAME SUFFIX MARIA MIDDLE NAME SUFFIX MARIA MIDDLE NAME SUFFIX THE ABOVE SPACE IS FOR FILING OF FICE USE ONLY THE ABOVE SPACE IS FOR FILING OF FILING ONLY THE ABOVE SPACE IS FOR FILING OF FILING THE ABOVE SPACE IS FOR	FINANCING STATEMENT ADDENT COLLOW INSTRUCTIONS (front and back) CAREFULLY	IDUM						
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389877-IL-31 0656 PRIME ACCEPTAN		MIDDLE NAME, SUFFIX						
Committee Comm	0. MISCELLANEOUS		1					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	389877-IL-31							
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL DESTOR'S EXACT FULL [EQAL NAME - insert only one_ name (11s or 11b) - do not abbreviate or combine names Total Committee	326-03-2028							
Title RODIVIDUAL'S LAST NAME	File with: CC IL Cook+, IL		THE ABOVE SPACE IS FO	OR FILING OFFICE US	SE ONLY			
R 115. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 116. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 117. SEE INSTRUCTION ADDITION OF DRIGHTED THE TYPE OF ORGANIZATION THE TYPE		sert only o <u>ne</u> name (11a or 11b) - do not	abbreviate or combine names					
115. NODVIDUALS LAST NAME 116. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 117. SEE INSTRUCTION PORGANIZATION PERFORM THE TYPE OF ORGANIZATION PORGANIZATION PORGANIZATION PERFOR 2. ADDITIONAL SECURED PARTY'S OF ASSIGNOR SIP'S NAME Inself only one name (12a or 12b) 12a. ORGANIZATION NAME 12b. NODVIDUALS LAST NAME 12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12c. ORGANIZATIONAL ID M, II arry INDUE NAME SUFFIX. STATE POSTAL CODE COUNTRY 3. This FINANCING STATEMENT COVEY Interesting timber to be cut or as-extracted collected or is filed as a Notice of the state: Cescription: LEGAL: LOT 25 IN BLOCK 11 IN SUPPLIED THE NORTHEAST 1/4 OF SECTION 12 COWNSHIP 35 NORTH ARANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND LYING NORTH OF THE DUTH 15.56 CHAINS THEREOF. Parcel ID: 28-12-210-045-0000 15. Name and address of a RECORD OWNER of above-described real estate (4 Debtor does not have a record interest): 17. Check gogy 4 applicable and check gogy one box. Debtor is a TRANSMITTING UTILITY Description of Trustee acting with respect to property held in trust. or Decedent's Electron or property held in trust. or Decedent's Electron or the action of the property held in trust. or Decedent's Electron or the property held in trust. Or Decedent's Electron or the property held in trust. 16. Check gogy 4 applicable and check gogy one box. Debtor is a TRANSMITTING UTILITY	11a. ORGANIZATION'S NAME							
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Filed in connection with a Manufactured-Home Transaction effective 30 years				on offactive 20 vecto				
Filed in connection with a Public-Finance Transaction effective 30 years		1;==						