UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) CORNERSTONE NATIONAL BANK & TRUST COMPANY ONE WEST NORTHWEST HIGHWAY PALATINE, IL 60067



0630033030 Fee: \$26.00 Doc#: 0630033030 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 10/27/2006 08:06 AM Pg: 1 of 2

ABOVE SPACE IS FOR FILING OFFICE USE ONLY

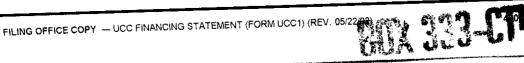
		THE ABOVE SPA	ACE IS FUR	FILING OF TIGE 552	
DERTOR'S EXACT F	ULL LEG. L. N. AME - insert only one debtor name (1a	a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S N.	AME				
KTJ CORPO		FIRST NAME	MIDDLE N	AME	SUFFIX
DR 16. INDIVIDUAL'S LAST	NAME		<u> </u>	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS	OD LANE OF	HAWTHORNE WOODS	IL	60047	USA
7 COBBLEWO	LADDY INFO RE THE TYPE OF ORGANILATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA 6449	NIZATIONAL ID #, if any 6581	NONE
	ORGANIZATION CORPORA LION				
2 ADDITIONAL DEBTO	DR'S EXACT FULL LEGAL NAME - insert only un	de tor name (2a or 2b) - do not abbreviate or combine	names		
2a. ORGANIZATION'S N	NAME	4			ISUFFIX
OR 2b. INDIVIDUAL'S LAS	TNAME	FIRS NAM	MIDDLE	NAME	SUFFIX
2b. INDIVIDUAL'S LAS	NAME	0		POSTAL CODE	COUNTRY
2c. MAILING ADDRESS		CITY	STATE	POSTAL GODE	
ZC. WAICING ABBRESS		TO STOLL OF A CONTRACTION	2g. ORG	ANIZATIONAL ID#, if any	
2d. SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF CREANIZATION	1		NONE
	OCCUTOR I	name (34 or 3b	<u></u>		
3. SECURED PARTY	"S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	IOR S/P) - insert only one secured party lattice.	·		
3a. ORGANIZATION'S	TONE NATIONAL BANK &	TRUST COMPANY			SUFFIX
OR 36. INDIVIDUAL'S LAS		FIRST NAME	MIDDLE	NAME	
30. MADIAIDOVE 2 EVE	5		ISTATE	POSTAL CODE	COUNTRY
3c MAILING ADDRESS		DALATINE	IL	69067	USA_
ONE WEST N	ORTHWEST HIGHWAY	PALATINE		190	

4	This FINANCING	STATEMENT	covers the fo	llowing collatera	l:

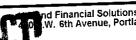
Purchase Money Security Interest in all Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any ct he foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

ALTERNATIVE DESIGNATION II specified (for record) (or recorded) in the REAL [7. Check to REQUES! SEARCH REPORT [applicable] [7. Check to Report [applicable] [7
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8. OPTIONAL FILER REFERENCE DATA







0630033030 Page: 2 of 2

UNOFFICIAL COPY

	k) CAREFULLY D) ON RELATED FINANCING STATE	EMENT			
ME OF FIRST DEBTOR (14 OF 11	ON RELATED THO ME				
KTJ CORPORATION		MIDDLE NAME, SUFFIX			
D. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
ISCELLANEOUS:					
D _C			THE ABOVE SPACE	IS FOR FILING OFFIC	CE USE ONLY
DEBTOR'S EXACT	FULL LEG'LE NAME - insert only one	name (11a or 11b) - do not abbreviate c	or combine names		
ADDITIONAL DEBTORS EXACT	1022 22 / 7				_
		FIRST NAME	MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST WARE	_		COUNTRY.
		CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS	0,		110 0	RGANIZATIONAL ID #, if a	any
SEE INSTRUCTIONS ADD'L INFO	ORE 11e. TYPE OF ORGANIZATION	17 If. JURISDICTION OF ORGANIZA	TION Tig. of		Пис
ORGANIZA DEBTOR		12:	a or 12h)		
ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P'S	NAN F - insert only one name (12)	4 01 123/		· — ·
12a. ORGANIZATION'S NAME					SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	E NAME	30111
12b. INDIVIDUAL'S LAST NAME			STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS		CITY	SIAIL	1 001112 001	
	timber to be cut or as-extracted	16. Additional collateral description	on:		
SUBDIVISION OF PART OF SOUTHEAST 1/4 OF SECTION RANGE 10 EAST OF THE AND PART OF THE NORTH 1/4 OF SECTION 15, TOWN	K FIRST ADDITION, BEING ATHE SOUTHWEST 1/4 OF THE ON 10, TOWNSHIP 42 NORTH THIRD PRINCIPAL MERIDIAL WEST 1/4 OF THE NORTHEAS SCHIP 42 NORTH, RANGE 10 CIPAL MERIDIAN, ACCORDING RECORDED AS DOCUMEN, ILLINOIS.	A E H, N ST G G	TS	0/5/100	
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