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)

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

ILIL
FIXTURE

Doc#: 0701915002 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 01/19/2007 08:30 AM Pg: 1 of 2

		rije with	CC IL COOK+, IL	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1. DE	EBTOR'S EXACT FUL	L LEGAL N'ME	insert only one debtor name (1a	or 1b) - do not	t abbreviate or combine name	es		
	Ia. ORGANIZATION'S NAME							
	16. INDIVIDUAL'S LAST I	NAME	9	FIRST NAME	AGO	MIDDLE	NAME	SUFFIX
lc M	AILING ADDRESS 38 ELDER LN	١	0,5	CITY	LIN PARK	STATE	POSTAL CODE 60131	COUNTRY
ld. <u>\$</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANI (ATION	1f. JURISDICTI	ON OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	NONE
2. A[DITIONAL DEBTOR'S	S EXACT FULL L	EGAL NAME - insert only one de	טייגר name (2a	or 2b) - do not abbreviate or	combine r	names	
or [2a. ORGANIZATION'S NA	AME		TO			,	
^	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
2c. M	AILING ADDRESS			CITY	74	STATE	POSTAL CODE	COUNTRY
2d. <u>S</u> I	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTI	ON OF CRUANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
			TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert	only <u>one</u> secured part, name	(3a or 3b)	
or	PRIME ACC		CORP.			4		
	3b. INDIVIDUAL'S LAST I	NAME		FIRST NAME		MIL DLE	NAME	SUFFIX
	O WEST JAC	KSON BL	VD. #720	CHICA	GO	STATE	POST & CODE 60606	COUNTRY

		F/BAILOR SELLER/BUYER AG, LIEN NON-LICC FILING
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LI		
6. This FINANCING STATEMENT is to be filed [for record]		EARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
A ESTATE DECODING Attach Addandum	lif applicable IADDITIONAL CEE!	footionall All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA 10100377

4. This FINANCING STATEMENT covers the following collateral:

12-21-410-011-0000

WATER TREATMENT SYSTEM

650-06-0509

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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UNOFFICIAL COPY

NAME OF FIRST DEBTOR (1	a or 1b) ON RELATED FINANCIN	G STATEMENT	Ì		
9a, ORGANIZATION'S NAME					
96 INDIVIDUAL'S LAST NAME SANCHEZ	FIRST NAME SANTIAGO	MIDDLE NAME, SUFFIX	I		
. MISCELLANEOUS	<u> </u>				
0100377-IL-31					
0656 PRIME ACCEPTA 50-06-0509	N O		:		
ile with: CC IL Cook+, IL	100		THE ABOVE SPACE IS	FOR FILING OFFICE I	JSE ONLY
1. ADDITIONAL DEBTOR'S EX 11a. ORGANIZATION'S NAME	ACT FULL LEGAL NAME - insert	only <u>one</u> name (11a or 11b) - do not	abbreviate or combine nar	mes	
R ()		SIRST NAME	Laure	N. F. ALABAS	Louisew
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIUL	DLE NAME	SUFFIX
I.C. MAILING ADDRESS		CITY	STAT	TE POSTAL CODE	COUNTRY
ORG	'L INFO RE 11e. TYPE OF ORGANIZI ANIZATION TOR	ATION 1 1.1f. JURISDICTION OF ORG	SANIZATION 11g.	ORGANIZATIONAL ID	#, if any
ADDITIONAL SECURE		R S/P's NAME - insert or ly one name	e (12a or 12h)	<u> </u>	
12a. ORGANIZATION'S NAME	D FAICE 1 9 01 NOSIGNOT	COST S TANGE THIS TOT Y OTE HATE	e (128 01 120)		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	IMIDI	DLE NAME	SUFFIX
120. INDIVIDUAL S CAST MAINE		PIROT NAME	Milot	DEE INVINE	SUFFIX
2c. MAILING ADDRESS		CITY	STAT	TE POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT co collateral or is filed as a X fix	vers timber to be cut or as- ture filing.	extracted 16. Additional collateral designation	cription:		
Description of real estate:			9,		
Description: LEGAL SOU 128+ T4 ON R12E 3P TO ECTION 21 APN: 12-2 2-21-410-011-0000	JTH 19 FT LOT 6 BLK 11 S DWNSHIP 40 RANGE 12 1-410-011-0000. Parcel			Office	
		1			
 Name and address of a RECORD ((if Debtor does not have a record 	OWNER of above-described real estate Interest):		and check on the second		
		17. Check <u>only</u> if applicable a	Trustee acting with respect to p	property held in trust	or Decedent's Estate
		17. Check <u>only</u> if applicable a Debtor is a Trust or 18. Check <u>only</u> if applicable a	Trustee acting with respect to pand check only one box.	property held in trust	or Decedent's Estate
		17. Check <u>only</u> if applicable a Debtor is a Trust or 18. Check <u>only</u> if applicable a Debtor is a TRANSMITT	Trustee acting with respect to pand check only one box.		