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0703215077

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

FIXTURE

Doc#: 0703215077 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 02/01/2007 01:25 PM Pg: 1 of 2

1 DEBTOD'S EVAC		n: CC IL Cook+, IL	THE A	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
Ta. ORGANIZATIO	ON'S NAME	- insert only one_debtor name (1a or 1b) - do not abbreviate or com	bine names			
1b. INDIVIDUAL'S LAST NAME		17/2	FIRST NAME	MIDDLE NAME	SUFFIX		
2625 S. 21S	T AVENUE	Ox	BROADVIEW	STATE POSTAL CODE 60153	COUNTRY		
1d. <u>SEE INSTRUCTION</u>	ORGANIZATION DEBTOR	LLC	1f. JURISDICTION OF ORGANIZAT	01484001	NONE		
2. ADDITIONAL DEB 2a. ORGANIZATIO	TOR'S EXACT FULL L	EGAL NAME - insert only one	de btor name (2a or 2b) - do not abb	reviate or combine names			
PR 2b. INDIVIDUAL'S	-		FIRST NAME	MIDDLE NAME			
		0,	MIDDEL MAINE	SUFFIX			
c. MAILING ADDRESS			CITY	STATE POSTAL CODE	COUNTRY		
d. SEE INSTRUCTIONS	ORGANIZATION		2f. JURISDICTION OF OR 3A. JIZATI	ON 2g. ORGANIZATIONAL ID #, if any			
SECURED PARTY	DEBTOR S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	DR S/P) - insert only one_secured p	(2)	NONE		
TOTAL CONTROL OF THE PARTY OF T	OICE BANK		on) - insert only o <u>ne</u> secured p	oe vy name (sa or sb)			
36. INDIVIDUAL'S L	AST NAME		FIRST NAME	MICELE NAME	SUFFIX		
900 WEST STATE STREET			GENEVA	STATE PO TAL CODE	COUNTRY		
This FINANCING STAT	EMENT covers the follow	ng collateral:					

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessions, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of property; all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property. Parcel ID: 15-22-301-012-0000

			A DA
	E/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if apolicable] 8. OPTIONAL FILER REFERENCE DATA	7. Check to REQUEST SEARCH REPORT(S	S) on Debtor(s) All Debtors	Debtor 1 Debtor 2
10188814	JB		

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FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) C	ADDENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) ON I						
99. ORGANIZATION'S NAME SUNROCK CERAMICS						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX	•			
10. MISCELLANEOUS	<u> </u>					
10188814-IL-31						
10145 FIRST CHOICE B						
JB File with: CC IL Cook+, IL						
11. ADDITIONAL DEBTOR'S EXACT FULL	EGAL NAME - insert only one in	ame (11a or 11b) - do not a	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
11a. ORGANIZATION'S NAME OR	9					
11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME		MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS	C	СіТҮ		STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	115. JURISDICTION OF ORG	ANIZATION	11g. OR	J GANIZATIONAL ID #, if	any
12. ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's NA	ME - nsert only one name	(12a or 12b)			
OR HIDDIGOLAUGA AGT NAME		4/2				,
126. INDIVIDUAL'S LAST NAME	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX	
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
			C/2			
13. This FINANCING STATEMENT covers timb collateral or is filed as a fixture filing.	er to be cut or as-extracted	16. Additional collateral descr	ription:		<u> </u>	
14. Description of real estate:				5		
Description: THE SOUTH 170 FEE FEET OF THE WEST 215 FEET OF QUARTER OF THE SOUTHWEST (SECTION 22, TOWNSHIP 39 NORT OF THE THIRD PRINCIPAL MERID COUNTY, ILLINOIS. Parcel ID: 1) isi		
15. Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):	re-described real estate					
		17. Check only if applicable an				
		Decedents asset				
	÷	18. Check only if applicable an		-	 ;	
		Debtor is a TRANSMITTIN Filed in connection with a l		ensaction	- effective 30 years	*
		Filed in connection with a l				3