UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services	10688683
P.O. Box 29071	· · · · · ·
Glendale, CA 91209-9071	FIXTURE
File with: CC IL	

Doc#: 0708822021 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 03/29/2007 11:15 AM Pg: 1 of 2

THE ABOVE SPACE IS	FOR FILING	OFFICE USE	ONLY

. DI	EBTOR'S EXACT FULL	LECAL NAME -	insert only one debtor name (Ta	a or 1b) - do not abbreviate or combine na	mes		
	1a. ORGANIZATION'S NA	ME					•
		C	A-				
R	1b. INDIVIDUAL'S LAST N	AME	71	FIRST NAME	MIDDLE	NAME	SUFFIX
	BARBER			GENNARD			
10	AH ING ADDRESS 56 N LAVERO	SNE	0,5	CHICAGO	STATE	60651	COUNTRY
d. <u>Ş</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORG (NIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	NONE
2. Al	DDITIONAL DEBTOR'S	EXACT FULL L	EGAL NAME - insert only one de	utor name (2a or 2b) - do not abbreviate	or combine r	names	
	2a. ORGANIZATION'S NA	ME	1				
)R							Tauren
ж	2b. INDIVIDUAL'S LAST N	IAME		FINOT NUME	MIDDLE	NAME	SUFFIX
?c. N	I MAILING ADDRESS		A	CITY	STATE	POSTAL CODE	COUNTRY
2d. S	SEE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF AGANIZATION	2g. OR	SANIZATIONAL ID #, if any	/
_		ORGANIZATION DEBTOR					NONE
3. S			TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one securer party na	me (3a or 3l	o)	
	PRIME ACC	EPTANCE	CORP.		۲,		
OR	3b. INDIVIDUAL'S LAST N	NAME	de la companya de la	FIRST NAME	W,DDLE	NAME	SUFFIX
3n N	MAILING ADDRESS	NI DI VO	CLUTE 740	CHICAGO	STA FE	TPOSTAL CODE	COUNTRY
20	0 W JACKSC	N RLVD.	SUITE / 10	CHICAGO	IL.	13000	

4. This FINANCING STATEMENT covers the following collateral:

HOME IMPROVEMENT

16-04-410-021-0000

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CO	NSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BU	
6 [V] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtore policable IADDITIONAL FEEI Jobtional	(s) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	•	<u> </u>
10688683	626060717	7
EILING OFFICE COPY - NATIONAL LICC FINANCING STATEMENT (FO	DRM UCC1) (REV. 05/22/02)	Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

UNOFFICIAL COPY

BARBER GENNARD MIDDLE NAME SUFFIX DESCRIPTION AND DESCRIPTION OF PRIME ACCEPTAN ADDITIONAL DESTORS EXACT FULCULORS NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a DROAMIZATIONS NAME ADDITIONAL DESTORS EXACT FULCULORS NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11b INDIVIDUALS LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME SUFFIX THE ABOVE SPACE IS FOR PLING OFFICE USE ONLY ADDITIONAL DESTORS EXACT FULCULORS NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11c INDIVIDUALS LAST NAME MIDDLE NAME SUFFIX STATE FOSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S or ASSIGNOR SIP'S NAME - insertionly one name (12a or 12b) 12a DROAMIZATIONS NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE MIDDLE NAME SUFFIX NOTIFICATION OF ORGANIZATION 11g ORGANIZATIONAL ID 8 if any part of finds as a Middle find of finds or a Middle find of finds or a Middle find of finds or a Middle find or finds as a Middle find or finds		1b) ON RELATED FINANCING STAT	EMENT	<u> </u>			
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Filed in connection with a Public-Finance Transaction – effective 30 years			Debtor is a Trust or 18. Check only if applicable	and check <u>only</u> one box.	ect to prope	erty held in trust or	Decedent's Estate
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