JNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

FOLLOW INSTRUCTIONS (Holl and back) of the	
A NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services	۱ 11116238
P.O. Box 29071	ILIL
Glendale, CA 91209-9071	FIXTURE
File with: CC IL C	Cook+, IL
PERFORMS EXACT FULL LEGAL NO.ME - insert onl	y one debtor name (1a or 1b) - do no



Doc#: 0714139038 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 05/21/2007 10:18 AM Pg: 1 of 2

L. CON Cookt II		THE ABOVE SPAC	E IS FOR FIL	ING OFFICE USE ONLY	
File with: CC IL Cook+, IL	or 1b) - do no				
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	101 107 40				
1a. ORGANIZATION'S NAME					SUFFIX
OR	FIRST NAME		WIDDLE	NAME	301111
1b. INDIVIDUAL'S LAST NAME	WAND	Α			COUNTRY
1c MAILING ADDRESS	СНІСА		STATE	POSTAL CODE 60639	ÜSA
4630 W. DICKENS AVE	1	TION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION 1e. TYPE OF ORGANIZATION			ì		NONE
DEBTOR) have norma (2)	or 2h) - do not abbreviate o	or combine	names	
DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or 4 depth	le oto- fiame (20	3 Of 28) GO HOLL			
2a. ORGANIZATION'S NAME	T_{\wedge}				
	FIR. T NAME		MIDDLE	NAME	SUFFIX
OR 2b. INDIVIDUAL'S LAST NAME	I IIXX THE IIX				
	CITY	(//	STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS	0.11	⁴ O _*			
	of IURISDIC	CTION OF OF GANIZATION	2g. OF	RGANIZATIONAL ID #, if any	
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21. 30(100)				NONE
ORGANIZATION DEBTOR	100 0/0\ ina	art only one secured party ha	me (3a or :	3b)	
DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	VOR 5/P) - 1115	sit dilly <u>dile</u> dode			
PRIME ACCEPTANCE CORP.			5/		
	FIRST NAM		MIDDI	E NAME	SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME	Likonari		16		
	CITY		STAT	COCOC	USA
30 MAILING ADDRESS	CHIC	AGO	11_	E0606	034
200 WEST JACKSON BLVD. #720					

WATER TREATMENT SYSTEM Parcel ID: 13-34-118-024-0000

4. This FINANCING STATEMENT covers the following collateral:

6. X This FINANCING STATEMENT is to be filed (for record) (or recorded) in applicable)	NSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [ADDITIONAL FEE] [ADDITIONAL FEE]	Q
8. OPTIONAL FILER REFERENCE DATA	610-07-1871	, /
	Prepared by UCC Direct Services, P.O. Box 2907	1

UNOFFICIAL COPY

NAME OF FIRST DEBTOR (1a or 1b	oack) CAREFULLY O) ON RELATED FINANCING STATE	MENT			
9a ORGANIZATION'S NAME		1			
9h INDIVIDIJAL'S LAST NAME VAZQUEZ	FIRST NAME WANDA	MIDDLE NAME,SUFFIX			
. MISCELLANEOUS					
1116238-IL-31					
0656 PRIME ACCEPTAN		Ì			
10-07-1871					
ile with: CC IL Cook+, IL	0			IS FOR FILING OFFICE USE	ONLY
4 ADDITIONAL DESTOR'S EXACT	FULL LEGAL 'AME - insert only one	e name (11a or 11b) - do not	abbreviate or combine r	names	
11a ORGANIZATION'S NAME	9				SUFFIX
OR 11b. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME	M	IDDLE NAME	SUFFIX
TID. INDIVIDUALS DIST.		CITY	S	TATE POSTAL CODE	COUNTRY
11c. MAILING ADDRESS				1g. ORGANIZATIONAL ID#,	if any
11d. SEE INSTRUCTION ADD'L IN		11f. JURISDICTION OF ORG	GANIZATION 1	1g. ORGANIZATIONAL ID #	NONE
ORGANI DEBTOR	₹	<u>T</u>			
12. ADDITIONAL SECURED F	PARTY'S or ASSIGNOR S/P's	NAME insert only <u>one</u> nam	ne (12a or 12b)		
12a. ORGANIZATION'S NAME				MIDDLE NAME	TSUFFIX
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		AIIDDEE HAME	
		CITY		STATE POSTAL CODE	COUNTRY
12c. MAILING ADDRESS			()		
			escription:		
12 This EINANCING STATEMENT cover	rs timber to be cut or as-extract	ted 16. Additional collateral de	6/4/		
13. This FINANCING STATEMENT cover collateral or is filed as a X fixture.	rs timber to be cut or as-extractive filing.	ted 16. Additional collateral de	4		
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