UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818)	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services P.O. Box 29071	105634
Glendale, CA 91209-9071	FIXTURE
File with: CC IL Co	——J ook+ II

DEBTOR'S EXACT FULL LF.GA' NAME - insert only one_debtor r [1a. ORGANIZATION'S NAME]	THE ABO	OVE SPACE IS FOR FILING OFFICE USE ON	ИY
1a. ORGANIZATION'S NAME	name (1a or 1b) - do not abbreviate or combi	ine names	
1b. INDIVIDUAL'S LAST NAME			
RAMIREZ MAII ING ADDRESS	FIRST NAME JONATHAN	MIDDLE NAME	SUFFIX
92 LOTUS CT	WHEELING	STATE POSTAL CODE 1L 60090	COUNTRY
ORGANIZATION DEBTOR	THE STATE OF THE S	N 1g. ORGANIZATIONAL ID #, if al	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 23. ORGANIZATION'S NAME	O Clabia (O		NON
2a. ORGANIZATION'S NAME	or 2b) - do not abbrev	viate or combine names	
			
26. INDIVIDUAL'S LAST NAME			
	FIR ST NAME	MIDDLE NAME	SUFFIX
AILING ADDRESS	СПУ	MIDDLE NAME STATE POSTAL CODE	SUFFIX
ADD'L INFO RE 2e. TYPE OF ORGANIZATIO	CITY 2f. JURISDICTION OF OF CANIZATION	STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any	COUNTRY
ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR CONSUME TO TOTAL ASSIGNEE OF ASS	CITY 2f. JURISDICTION OF OF CANIZATION	STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any	COUNTRY
ADD'L INFO RE ORGANIZATION DEBTOR ECURED PARTY'S NAME (OF NAME of TOTAL ASSIGNEE OF ASSIG	CITY 2f. JURISDICTION OF OF CANIZATION	STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any	COUNTRY
MAILING ADDRESS ADD'L INFO RE 2e. TYPE OF ORGANIZATIO ORGANIZATION	CITY 2f. JURISDICTION OF OF CANIZATION	STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any two name (3a or 3b)	COUNTRY
ADD'L INFO RE ORGANIZATION DEBTOR ECURED PARTY'S NAME (OF NAME of TOTAL ASSIGNEE OF ASSIG	CITY 2f. JURISDICTION OF OF CANIZATION SIGNOR S/P) - insert only one secured point	STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any	COUNTRY

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RAINSOFT WATER SYSTEM Parcel ID: 03-04-204-078-1005

ESTATE RECORDS. Atlact Addendure	CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILIN applicable (ADDITIONAL FEE)	~
LING OFFICE COPY - NATIONAL LICE FINANCIAL	650090043	7

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9. 1	NAME OF FIRST DEBTOR (1a or 1b 9a ORGANIZATION'S NAME	ack) CAREFULLY O) ON RELATED FINANCING STA	TEMENT				
	98 ORGANIZATION'S NAME			-			
OR	9h INDIVIDHAL'S LAST NAME	FIRST NAME	LUDEU E	_			
	RAMIREZ	JONATHAN	MIDDLE NAME, SUFFIX	`			
	MISCELLANEOUS			4			
12	505634-IL-31						
106	656 PRIME ACCEPTAN						
350	0090043						
File	with: CC IL Cook+, IL			ł			
.,,	With CO IL COOK+, IL)		ł			
1. A	DDITIONAL DEBTOR'S EXACT FU 11a. ORGANIZATION'S NAME	LLY EGAL NAME - insert only one	20	THE ABOVE	SPACE IS F	OR FILING OFFICE US.	ONLY
	11a. ORGANIZATION'S NAME	This wife in soft only offe	_ name (11a or 11b) - do not	abbreviate or com	oine names	3	
R	11b. INDIVIDUAL'S LAST NAME						
	NO DIO I MANIE	Ox	FIRST NAME		MIDDLE	E NAME	SUFFIX
c. M	IAILING ADDRESS		CITY				001117
			GITT		STATE	POSTAL CODE	COUNTRY
d. <u>S</u>	EE INSTRUCTION ADD'L INFO R		11f. JURISDICTION OF ORG	GANIZATION	144 05		
_	DEBTOR				i i ig. Ur	RGANIZATIONAL ID#, if	any
	ADDITIONAL SECURED PARTY	('S or ASSIGNORS/P's A	IAAAF				NO
1:	2a. ORGANIZATION'S NAME	rediction dies in	IAME insert only one name	(12a or 12b)			
12	2b. INDIVIDUAL'S LAST NAME						
	· · · · · · · · · · · · · · · · · ·		FIRST NAME		MIDDLE	NAME	SUFFIX
. MA	ALING ADDRESS		СПУ				Joseph
					STATE	POSTAL CODE	COUNTRY
	FINANCING STATEMENT covers	timber to be cut or as-extracted	16.4447				
colla	ateral or is filed as a X fixture filing.	as extracted	16. Additional collateral descr	ption:			
Desc	ription of real estate:			1	0		
	iption: UNIT 114-A TOGET	HED MARK		(0'		
LIN	JEATED AND DEFINED IN	NDOMINIUM AS				//5-	
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RT	H. RANGE 11 EAST OF THE	TION 4 TOWNSHIP 42				-(0)	
	The state of the s	LINDIS ADMINO AA					
0,	78 1005. Parcel ID: 03-04	l-204 - 078-1005					
me a	and address of a RECORD OWNER of ab	20Va-dasoribad					
if De	btor does not have a record interest):	resolinen teal estate					
		 	17. Chook out 1				
			17. Check <u>only</u> if applicable and one of the control of the contr				
		<u></u>	8. Check only if applicable and c	tee acting with respec	t to property	held in trust or	ecedent's Estate
		ļŗ	Debtor is a TRANSMITTING				
		ļř	Filed in connection with a Ma	UTILITY			