NOFFICIAL COPY

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) 11563 PINNACLE BUSIN **UCC Direct Services** 2861366 P.O. Box 29071 Glendale, CA 91209-9071 File with: CC IL Cook+, IL



Doc#: 0735203002 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/18/2007 10:02 AM Pg: 1 of 2

DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor nam Ta. ORGANIZATION'S NAME	THE ABOVE	SPACE IS FOR	FILING OFFICE USE ONLY	,
1a. ORGANIZATION'S NAME	e (1a or 1b) - do not abbreviate or combine i	names		
VOSGES, LTD.				·
1b. INDIVIDUAL'S LAST NAME	FIRST NAME			
		MIDDLE	NAME	SUFFIX
2211 N ELSTON AVE. OTE 0	CITY			1
2211 N. ELSTON AVE., STE 203 d. SEE INSTRUCTIONS ADDIL INFO RE 18. TYPE OF ORGANIZATION	CHICAGO	STATE	POSTAL CODE 60614	COLINTRY
ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	
ADDITIONAL DEBTOR'S EXACT SUB-	<u>V</u>			
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 23. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate	Or combine as		NON
C C	4	or combine na	mes	
2b. INDIVIDUAL'S LAST NAME				
ES. INDIVIDUAL S LAST NAME	I RST NAME			
		MIDDLE	NAME	SUFFIX
MAILING ADDRESS	CITY			
		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	26 ((10)00)	_	•	
DERTOR	2f. JURISDICTION OF CROANIZATION	2g. ORGA	ANIZATIONAL ID#, if any	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 39 ORGANIZATION'S NAME PINION CLE PARTY OF THE PA			•	
3a ORGANIZATION'S NAME	OR S/P) - insert only one_secured rarty na	me (3a or 3b)		NONE
PINNACLE BUSINESS FINANCE, INC.	(0)			
3b. INDIVIDUAL'S LAST NAME		Ζ.		
	FIRST NAME	I nODLE N	AA41	
MAILING ADDRESS		STORE IV	TAVIC	SUFFIX
07 12TH STREET E SUITE A	CITY	- Interior		
	TACOMA	WA :	PUSTAL CODE	COUNTRY
nis FINANCING STATEMENT covers the following collateral:		100/4	U 3 7 1 1	USA

Parcel ID: 14-31-200-29.30.33,34 and 14-31-501-004. All equipment and general intangibles now or hereafter covered by that certain equipment lease/finance number 3006776 between secured party, and debtor and all accessions and additions thereto, modifications thereof, and replacements and

5. ALTERNATIVE DESIGNATION [if applicable] X 6. [X] This FINANCING STATEMENT is to be filed ESTATE RECORDS Attach Addendum 8. OPTIONAL FILER REFERENCE DATA 12861366	[for record] (or recorded) in the REAL 7	ONSIGNOR BAILEE/BA 7. Check to REQUEST SEARC IADDITIONAL FEEI			NON-UCC FILING Debtor 1 Debtor 2	SU M
FILING OFFICE COPY - NATIONAL LICC FINA		·	3006776			J. S.
FILING OFFICE COPY - NATIONAL UCC FINA	NINCING STATEMENT (FORM UCC1)	(REV. 05/22/02)		Prepared by UCC Direc	ct Services, P.O. Box 29071	AM

0735203002 Page: 2 of 2

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a. MAME OF FIRS	ST DEBTOR (1a or 1b) O	NT ADDENDUI) CAREFULLY N RELATED FINANCING ST]		
9a ORGANIZA VOSGE		THE PROPERTY OF THE PROPERTY O	ATEMENT	4		
OR 96. INDIVIDUAL		FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANE	ous			Į		
12861366-IL-:	31					
11563 PINNA	CI E BUSIN					
Helen	D0011 4					
3006776						
File with: CC IL	Cook+, IL		ľ			
11 APDITIONS -			[THE ADOME OF A CO.		
11a. ORGANIZA	TION'S NAME	LEGAL NAME - insert only or	ne_ name (11a or 11b) - do not a	obreviate or combine no	IS FOR FILING OFFICE	USE ONLY
R	THE HAIRE	()_		To the combine ha	mes	
11b. INDIVIDUAL	'S LAST NAME		FIRST NAME			
		Ox	FIRST NAME	MI	DDLE NAME	SUFFIX
1c. MAILING ADDRE	SS		CITY			
1d. SEE INSTRUCTIO	NA A TOWN			IST.	ATE POSTAL CODE	COUNTRY
SEC MOTITOCIC	ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION 11r	ORGANIZATIONAL ID	
	DEBTOR		#		O TOMINE TO T	₹. If any
ADDITIONA	AL SECURED PARTY'S	or ASSIGNOR S/P's	NAM insert only one_name (N
12a. ORGANIZAT	ION'S NAME		name (12a or 12b)	 	
12b. INDIVIDUAL'	S LAST NAME					· -
			FIRST NAME	MID	DLE NAME	SUFFIX
. MAILING ADDRES	S		CITY			QOI TIX
			CITY	STA	TE POSTAL CODE	COUNTRY
This FINANCING ST	ATEMENT covers timbe	er to be cut or as-extracted		-/-		
collateral or is filed a	s a X fixture filing.	er to be cut or as-extracted	16. Additional collateral descript	ion:		
Description of real est	tate:			4		
				. 0		
LLERTONSA(tion-Township: 31-4 C#1 Lot #: 7 Block#: -Condo: FULLED To	0-14 SubDiv-Condo:				
-40-14 SubDiv	-Condo: FULLERTO	NSAC#1 Parcel			///:	
14 01-200-29	,30,33,34 and 14-31	I-50 1- 004				
					0	
ame and address of a (if Debtor does not ha	RECORD OWNER of above-	described real estate				
on Webster LL	C					
			17. Check only if applicable and che	ock only one box		
			Debtor is a Trust or Truster	acting with respect to pro-	perty held in trust or	Decedent's Estate
						LUCCEUPITS Estata
			18. Check only if applicable and che	ck <u>anly</u> one box.		_ coccent a Latate
			18. Check <u>only</u> if applicable and che Debtor is a TRANSMITTING UT Filed in connection with a Manu	ck <u>only</u> one box.		- sococini a Calale