12/21/07 dir LANGOFFAGIAL COPY



## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

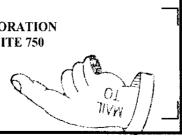
A. NAME & PHONE OF CONTACT AT FILER [optional]

JOYCE BRUNO (800) 837-9700

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

<del>---</del>

CASTLE CREDIT CORPORATION 8430 W BRYN MAWR SUITE 750 CHICAGO IL 60631



Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/04/2008 10:32 AM Pg: 1 of 2

Doc#: 0803510010 Fee: \$26.50

	THE ABOVE	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. DEBTOR'S EXACT FULL F 34 . NAME - insert only one debtor name (1	a or 1b) - do not abbreviate or combine names						
1a. ORGANIZATION'S NAME							
16. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE NAME	SUFFIX				
PREZA	RICARDO						
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY				
4854 S KEDVALE AVE	CHICAGO	IL 60632					
d. SEE INSTRUCTIONS ADD'L INFO RE 18. TYPE OF ( RGAN, ZATIO ORGANIZATION	ON 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#,	ifany				
DEBTOR		1	NONE				
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	y ne uebtor name (2a or 2b) - do not abbreviate or com	pine names					
2a. ORGANIZATION'S NAME	7						
	' (						
2b. INDIVIDUAL'S LAST NAME	EIRST NAME	MIDDLE NAME	SUFFIX				
2c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY				
2d. SEE INSTRUCTIONS ADD'L INFO RE   2e. TYPE OF ORGANIZATION   DEBTOR	ON 2f. JURISDICTION OF OPCANIZATION	2g. ORGANIZATIONAL ID#,	if any				
B. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	IORS/P)-insert only one secured party name (? 4 or 3b)						
3a. ORGANIZATION'S NAME	70.						
CASTLE CREDIT CORPORATION		<u></u>					
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
Bc. MAILING ADDRESS	CITY	ST TE POSTAL CODE	COUNTRY				
8430 W. BRYN MAWR SUITE 750	CHICAGO	IL 60531					

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM TYPE OF UNIT: AQUAKLEEN

MODEL#: W/C

SERIAL#: 78810

R/O

105678

INSTALLED AT: 4854 S KEDVALE AVE, CHICAGO, IL 60632

**COUNTY: COOK** 

THIS IS A FIXTURE FILING

	d
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING	C.
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2	11
8. OPTIONAL FILER REFERENCE DATA	_ 4
KA	1
FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02) International Association of Commercial Administrators (IACA)	11

0803510010 Page: 2 of 2

## **UNOFFICIAL COPY**

			NT ADDENDUM			1					
	LOW INSTRUCTIONS  AME OF FIRST DEB  9a. ORGANIZATION'S NA	TOR (1a or 1b) ON	AREFULLY I RELATED FINANCING STAT	TEMENT	-						
OR	The state of the s										
OK.	96. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MI	DDLE NAME,S	UFFIX					
	PREZA		RICARDO								
10.1	MISCELLANEOUS:										
		0000					THE ABOV	E SPACE	IS FOR FILING C	OFFICE USE ONL	Υ
11.	ADDITIONAL DEBTO	R'S EXACT F JL'.	LEGAL NAME - insert only one na	ame (11a	or 11b) - do not	abbreviate (	or combine nam	nes			
	11a. ORGANIZATION'S N	IAME	0.0								
OR	11b. INDIVIDUAL'S LAST	NAME	<u> </u>	FIRST N	AME			MIDDLE	NAME	SUFFIX	
11c.	MAILING ADDRESS		0	CITY				STATE	POSTAL CODE	COUNTR	₹Y
											- · · · · · · · · · · · · · · · · · · ·
11d.	SEEINSTRUCTIONS	ORGANIZATION '	1e. TYPE OF ORGANIZATION	11f. JUR	RISDICTION OF	ORGANIZA	TION	11g. OR0	ANIZATIONAL ID :	•	
42	ADDITIONIN OF	DEBTOR		$\hookrightarrow$							NONE
12.	ADDITIONAL SEC 12a. ORGANIZATION'S N		or ASSIGNOR S/P'S	NAME	- insert only one	aname (12a	or 12b)				
00					40						
OR	12b. INDIVIDUAL'S LAST	NAME		FIRST N	AME	<u> </u>		MIDDLE	NAME	SUFFIX	
12-	MAILING ADDRESS			ļ	<i>J</i>			ļ			
126.	MAILING ADDRESS			CITY				STATE	POSTAL CODE	COUNTR	<b>{</b> Y
13.	This FINANCING STATEM	MENT covers timb	er to be cut or as-extracted	16. Add	itional collateral	description	9.				
	collateral, or is filed as a Description of real estate:					·	4	<u></u>			
PA	ARCEL NUMBE	ER:					C	)' <u> </u>			
19	0 10 212 039 0000	)									
	ECAL DESCRI	TION OF LA	N/D.						75.		
	EGAL DESCRIF		ND: CHICAGO, COUNTY								
			IS; SECTION 10,						<b>C</b> O		
T	OWNSHIP38, RA	ANGE 13, LO	Γ 19, BLOCK 5 OF								
B	ONDWAAHA SI	UBDIVISION.								·	
	Name and address of a R (if Debtor does not have a		pove-described real estate	İ							
		,									
				17. Cher	ck <u>enly</u> if applica	able and chi	ack only one bo	x			
				1		_	-		operty held in trust	or Decedent's	Estate
				18. Chec	ck <u>only</u> if applica	able and ch	eck <u>only</u> one bo	X.			<del></del>
				Debt	tor is a TRANSN	AITTING UT	LITY				
									— effective 30 yea	rs	
				Filed	in connection v	with a Publi	c-Finance Trans	saction et	fective 30 years		

International Association of Commercial Administrators (IACA)
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