A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818)	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	18490 CARMEL FINANCI
UCC Direct Services	14475162
P.O. Box 29071 Glendale, CA 91209-9071	EIXTURIEM OT
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che with: CC IL C	Cook+, IL

Cook County Recorder of Deeds
Date: 05/28/2008 11:51 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY e or combine names

1. DI	EBTOR'S EXACT FUL	L LEGAL NAME -	insert only one debtor name (1	a or 1b) - do not abbreviate or combine n	ames		
	1a. ORGANIZATION'S NA	AME	9				
OR	1b. INDIVIDUAL'S LAST I	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
- 1	OCEGUEDA			RAMON			
1c M	ABING ADDRESS 2 E 164TH S		0,5	HARVEY	STATE IL	60426	USA
_	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN ZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if an	y NONE
2. A	DDITIONAL DEBTOR	S EXACT FULL L	EGAL NAME - insert only on a d	r otra name (2a or 2b) - do not abbreviate	or combine r	names	
	2a. ORGANIZATION'S N	AME		τ_{\bigcirc}			
OR	2b. INDIVIDUAL'S LAST NAME		FIRS : MAN'E	MIDDLE	NAME	SUFFIX	
2c. M	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF CANIZATION		GANIZATIONAL ID #, if ar	NONE
3. S			TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured party r	ame (3a or 3i	o)	
	3a ORGANIZATION'S N	NANCIAL	CORP	C	4,		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	M ⊳∪re		SUFFIX
3c N	MAISING ADDRESS 11 E CARMEL	DR #200		CARMEL	STATE	PC STAL CODE 45032	USA

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4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 29-20-422-027-0000...WHOLE HOUSE WATER CONDITIONER & REVERSE OSMOSIS MODEL: WATER WERKS

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE	E/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG	S. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed		7. Check to REQUEST SEARCH REPORTATIONAL FEET	RT(S) on Debtor(s) All Deb All Deb	otors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		_		Ď
14475162	AZUL	CFC		

UNOFFICIAL COPY

LLOW INSTRUCTIONS (front and NAME OF FIRST DEBTOR (1a or 1		TATEMENT				
9a. ORGANIZATION'S NAME					1 1 2	
9h INDIVIDIAL'S LAST NAME OCEGUEDA	FIRST NAME RAMON	MIDDLE NAME,SUF	FIX			
). MISCELLANEOUS	-					
1475162-IL-31						
8490 CARMEL FINANC'						
ile with: CC IL Cook+, IL C	FO	AZUL			FILING OFFICE USE	ONLY
I. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert on	y <u>one</u> name (11a or 11b) - c	lo not abbreviate or con	nbine names		
11a. ORGANIZATION'S NAME	<i>y</i>					
11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME		MIDDLE	IAME	SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
Id. <u>SEE INSTRUCTION</u> ADD'L INI ORGANIZ DEBTOR	ZATION	ON 7 if JURISDICTION C	OF ORGANIZATION	11g. ORG	GANIZATIONAL ID #, I	f any
ADDITIONAL SECURED PA	ARTY'S or ASSIGNORS	S/P's NAME - indertionly on	e name (12a or 12b)			
12a. ORGANIZATION'S NAME			<u> </u>			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME) _X ,	MIDDLE I	NAME	SUFFIX
		СІТУ	<u> </u>	STATE	TPOSTAL CODE	COUNTRY
		CITT		1017112	10017120052	
2c. MAILING ADDRESS			し			
2c. MAILING ADDRESS 3. This FINANCING STATEMENT covers collateral or is filed as a X fixture		tracted 16, Additional collate	eral description:	Ťć.		
3. This FINANCING STATEMENT covers		tracted 16, Additional collate	eral description:	T'S		
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture 4. Description of real estate: Description: 332 E 164th St COOK Section-Township: 2 VILSONSP3AHH Lot #: 25 Document No. 0735433039 CONDITIONER & REVERSE	Harvey, IL 60426 Cot 20-36-14 SubDiv-Condo: 5 Block #: Part of Lot: P WHOLE HOUSE WAT 5 OSMOSIS MODEL: WA	unty:	eral description.	Ťś C		
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture 4. Description of real estate: Description: 332 E 164th St COOK Section-Township: 2 VILSONSP3AHH Lot #: 25 Document No. 0735433039	Harvey, IL 60426 Cot 20-36-14 SubDiv-Condo: 5 Block #: Part of Lot: P WHOLE HOUSE WAT E OSMOSIS MODEL: WA 0-422-027-0000	unty:	eral description:	T'S C		•
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3. This FINANCING STATEMENT covers collateral or is filed as a	Harvey, IL 60426 Cot 20-36-14 SubDiv-Condo: 5 Block #: Part of Lot: P WHOLE HOUSE WAT E OSMOSIS MODEL: WA 0-422-027-0000	17. Check only if ap Debtor is a Trus 18. Check only if ap Debtor is a Trus	olicable and check <u>only</u> one	box.	perty held in trust o	or Decedent's E