UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 66	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL
CT Lien Solutions	16960009
P.O. Box 29071	
Glendale, CA 91209-9071	LIMM DE
File with: CC II Co	ok+ II.



Doc#: 0836419000 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/29/2008 08:12 AM Pg: 1 of 2

cile with: CC IL Cook+, IL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. D	EBTOR'S EXACT FUL	L LEGAL NAME	insert only one debtor name (1a	or 1b) - do no	abbreviate or combine na	ames		
		****	NENT SERVICES I				ON	
OR	1b. INDIVIDUAL'S LAST		9	FIRST NAME		MIDDLE		SUFFIX
1c N	MAII ING ADDRESS 150 N. LAKES	SHORE DR	IVE, STE. 428	CHICA	GO	STATE IL	POSTAL CODE 60613	USA
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	19. TYPE OF ORGANI, ATION CORPORATION	1f. JURISDICT	ON OF ORGANIZATION		ANIZATIONAL ID #, if any 19656	NONE
2. A	DDITIONAL DEBTOR	S EXACT FULL L	EGAL NAME - insert only one de	ರ್ಶ/ name (2a	or 2b) - do not abbreviate	or combine r	ames	
	2a. ORGANIZATION'S N							
OR	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME),,	MIDDLE	NAME	SUFFIX
2c.	MAILING ADDRESS			CITY	77/	STATE	POSTAL CODE	COUNTRY
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	•	TION OF OP JANIZATION		GANIZATIONAL ID #, if an	y NONE
3. 8			TOTAL ASSIGNEE of ASSIGN	OR S/P) - inser	t only <u>one</u> secured part	ame (3a or 3l	o)	
	BANKFINA	NCIAL, F.S	.B.			4,		
OR	3b. INDIVIDUAL'S LAST	T NAME		FIRST NAME		MI)£'.E	NAME	SUFFIX
3c 1	MAU ING ADDRESS 5W060 NOR	TH FRONT	AGE ROAD	BURR	RIDGE	STATE	POSTAL CODE OCS 27	USA

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) for Property located at 9158 S. Ada Street, Chicago, IL 60620. Parcel ID: 25-05-304-030-0000.

	'			'
5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIG	SNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN. NON-UC	CC FILING
6. X This FINANCING STATEMENT is to be filed	[for record] (or recorded) in the REA	L 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ble1 [ADDITIONAL FEE] [optional]	All Debtors Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA			×	l
16960009	. TV	303-1902038833		D: 00074

0836419000 Page: 2 of 2

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FOLLOW INSTRUCTIONS (front and back) CAREFULLY	UIVI					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCIN	NG STATEME	NT				
9a. ORGANIZATION'S NAME						
96. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
16960009-IL-31						
15715 BANK FINANCIAL File with: CC IL Cook+, IL 302-1902038833	TV	me (11a or 11h) - do not			R FILING OFFICE USI	E ONLY
11a. ORGANIZATION'S NAME	Comy <u>500</u> 1100					
DR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	9	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	ZATION	17. JURISDICTION OF ORG	GANIZATION	11g. OR	GANIZATIONAL ID#,	if any
12. ADDITIONAL SECURED PARTY'S or ASSIGNO 12a. ORGANIZATION'S NAME	DR S/P'S NAM	ME - insert unl) <u>one</u> name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME	İ	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as collateral or is filed as aX fixture filing.	s-extracted	16. Additional collateral des	cription:			<u> </u>
14. Description of real estate:				0,		
Description: LOT 29 IN BLOCK 7 IN CREMIN AND BRENNAN'S FAIRVIEW PARK, SUBDIVISION OF CERTAIN BLOCKS AND PARTS OF BLOCKS IN CAND OTHERS SUBDIVISION OF THE SOUTH 1/2 OF RAILROAD) OF SECTION 5, TOWNSHIP 37 NO RANGE 13 EAST OF THE THIRD PRINCIPAL MERIN COOK COUNTY, ILLINOIS. PIN #25-05-304-030 Parcel ID: 25-05-304-030-0000	CROSBY (WEST ORTH, RIDIAN,					
				÷		
15. Name and address of a RECORD OWNER of above-described real estat (if Debtor does not have a record interest):	te					;
	1	17. Check only if applicable Debtor is a Trust or	and check <u>only</u> one box Trustee acting with resp		perty held in trust o	r Decedent's Estate
	†	18. Check only if applicable	and check only one box			
		Debtor is a TRANSMITT		Transaction	n – effective 30 years	•
		Filed in connection with	a Public-Finance Trans	action – ef	fective 30 years	