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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

YEAR AND	
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	8317 JPMORGAN CHASE
CT Lien Solutions P.O. Box 29071	17029033
Glendale, CA 91209-9071	ILIL FIXTURE
File with: CC IL Co	 ook+, IL

Doc#: 0900619056 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/06/2009 01:48 PM Pg: 1 of 3

1. 🕻	EBTOR'S EXACT FUL	LL LECAL MAME -	insert only one debtor name (1	a or 1b) - do not abbreviate or combine	e names			
OR	ARCHER AL	ÖVISORS	LLC					
1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	NAME	SUFFIX		
58	29 S ARCHE	R AVE	Ox	CHICAGO	ĨĽ [™]	60638 ^{DE}	°USA	
1d. §	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION LLC	1f, JURISDICTION OF ORGANIZATION	1022	12 OPCANIZATIONAL 19 #, if any 02284715-L		
2. A	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only	lebtor name (2a or 2b) - do not abbrevi	ate or combine na	ames		
	2a. ORGANIZATION'S N	IAME		4				
OR	2b. INDIVIDUAL'S LAST NAME		FIRS T NAME	MIDDLE	NAME	SUFFIX		
2c. N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF JRC ANIZATION		GANIZATIONAL ID #, if an	y NONE	
3. S	ECURED PARTY'S NA	AME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one_secured part	name (3a or 3b)	}		
CHASE EQUIPMENT LEASING INC.								
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MioDLE	NAME	SUFFIX	
11	11 POLARIS	PARKWA	Y SUITE A-3	COLUMBUS	ЮН	43240°DE	°ÛSA′	

4. This FINANCING STATEMENT covers the following collateral:

WHETHER NOW OR HEREAFTER ACQUIRED, TOGETHER WITH ALL ATTACHMENTS, ADDITIONS. ACCESSIONS, PARTS, REPAIRS, IMPROVEMENTS, REPLACEMENTS AND SUBSTITUTIONS THERETO, TOGETHER WITH ALL PROCEEDS THEREOF. RETAIL STORE FIXTURES AND EQUIPMENT, INCLUDING CASH REGISTERS, DELI CASES, SECURITY SYSTEM, BAKERY RACKS, COOLING SYSTEM AND SHELVING UNITS. Parcel ID: 19-09-087-0000;19-09-317-088-000.

		/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	for record] (or recorded) in the REAL (if apolicable)	 Check to REQUEST SEARCH REPO (ADDITIONAL FEE) 	RT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERÊNCE DATA				
17029033	1000133174	0000	560350	

0900619056 Page: 2 of 3

UNOFFICIAL COPY

FINANCING STATE! FOLLOW INSTRUCTIONS (front and	MENT ADDEND d back) CAREFULLY	UM					
9. NAME OF FIRST DEBTOR (1a or 9a. ORGANIZATION'S NAME	1b) ON RELATED FINANCIN	G STATEME	ENT				
				i			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS							
17029033-IL-31							
ŧ							
2247 IDMODOAN OLAG							
8317 JPMORGAN CHASI							
File with: CC IL Cook+, IL.	00 ⁰ 0560350	10001	33174	THE ADOME CO.	AC 10 FOR		
11. ADDITIONAL DEBTOR'S EXACT	FULL LE SAL NAME - insert	only o <u>ne</u> na	me (11a or 11b) - do not a			R FILING OFFICE U	SE ONLY
11a. ORGANIZATION'S NAME	177						
OR 11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE N	IAME	SUFFIX
	Ux						
11c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L IN		ZATION	11f. JURISDICTION OF ORG	ANIZATION	11g. ORG	GANIZATIONAL ID#	, if any
ORGANI DEBTOR							NON
12. ADDITIONAL SECURED PA	ARTY'S <u>of</u> ASSIGNO	R S/P's NAM	ME - insert only one_name	(12a or 12b)			
OR			0,				
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE N	AME	SUFFIX
12c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture		-extracted	16. Additional collateral desc	ription:			
14. Description of real estate:				T	0		
Description: SEE ATTACHE	D. Parcel ID:				2.		
19-09-087-0000;19-09-317-0	88-000						
						10	
						0	
Name and address of a RECORD OWN (if Debtor does not have a record inter							
		1	7. Check <u>only</u> if applicable ar	nd check <u>only</u> one box.			
		[Debtorisa Trust or T	rustee acting with respe	ct to proper	ty held in trust of	Decedent's Estate
		1	8. Check <u>only</u> if applicable ar				
			Debtor is a TRANSMITTII Filed in connection with a		ansaction	effective 30 years	
			Filed in connection with a			-	

0900619056 Page: 3 of 3



UNÖFFICIAL COPY CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 008383333 D2 STREET ADDRESS: PDA #1098, S. Archer

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER:

LEGAL DESCRIPTION:

LOTS 3 (EXCEPT THE SOUTH 66 FEET OF THE EAST 141.70 FEET) AND 4 IN ARCHER/CENTRAL SUBDIVISION, BEING PART OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEATOF RECORDED MAY 26, 2004 AS DOCUMENT 0414719050, IN COOK COUNTY, ILLINOIS.

SAVE AND EXCEPT THE FOLLOWING:

THE SOUTH 66 FEET OF THE MOST EASTERLY 141.70 FEET OF LOT 3 IN ARCHER/CENTRAL SUBDIVISION, BEING PART OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRI BENCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 26, 2004 AS DOCUMENT 0414719050, IN COOK COUNTY, ILLINOIS.

PEGVID

DG2

11/07/07