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Doc#: 0900819043 Fee: \$38.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 01/08/2009 02:53 PM Pg: 1 of 2

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)	20654 LEAF FUNDING -
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	17091778 IL IL FIXTURE

File with: CC IL Cook+, IL

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME PRIYA & DARSH INC				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	2116 HEARTHSTONE DR.	BARTLETT	IL TE 60103-1389	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION IL	1g. ORGANIZATIONAL ID #, if any 66321789 <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME LEAF FUNDING, INC.				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
300 OUTLET POINTE SUITE 300-B	COLUMBIA	SC	29210	USA

4. This FINANCING STATEMENT covers the following collateral:

The Collateral shall consist of all right, title and interest of the Debtor in, under and to each of the following that are used in connection with the Debtor's business and in each case whether now owned or existing or hereafter acquired or arising: (a) all accounts, inventory, equipment, fixtures, chattel paper, documents, instruments and general intangibles; (b) any related or additional property acquired from time to time; (i) all documents evidencing ownership or possession of or otherwise relating to any Collateral; (ii) all property used or usable in connection with any Collateral; (iii) all policies of insurance covering any Collateral; including, without limitation, insurance payable as a result of loss or damage to any of the Collateral; (c) all general intangibles related to any Collateral, including, without limitation, all; (i) refund (including tax refunds) or other monies due or to become due; (ii) intellectual property; (iii) business records, computer tapes and computer software; (iv) goodwill of your business; and (v) other intangible personal property. Parcel ID: 19-22-215-038-0000.

5. ALTERNATIVE DESIGNATION [if applicable]	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable]		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]	
8. OPTIONAL FILER REFERENCE DATA						
17091778		COLUMBIA		60008		

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FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

17091778-IL-31 NO LEGAL DESCRIPTION GIVEN

20654 LEAF FUNDING

File with: CC IL Cook+, IL 60005

COLUMBIA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTION

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

14. Description of real estate:

Description: 6450 S. PULASKI RD. CHICAGO, IL 60629
 STATE OF ILLINOIS COUNTY OF COOK PROPERTY
 INDEX NUMBER: 19-22-215-038-0000 LAKE TOWNSHIP
 NEIGHBORHOOD 30, TAXCODE 72069, ONE STORY
 STORE, 1,203 EST. SQ FOOTAGE OF BLDG. LAND SQ.
 FOOTAGE 3,240. Parcel ID: 19-22-215-038-0000

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

ASTORIA PLAZA INC.
 7156 W. 127TH ST. #312, PALOS HTS, IL, 60463-1560

16. Additional collateral description:

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years
☐ Filed in connection with a Public-Finance Transaction -- effective 30 years