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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Mark: Laskowski B. SEND ACKNOWLEDGMENT TO: (Name and Address) Mark: Laskowski (without prejudice) 5N758 Rochefort Lane (non-domestic) Wayne [60184] Illinois

Doc#: 0917355044 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 06/22/2009 01:55 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

			. 45) do not obbreviate or combine names			
1. DEBTOR'S EXACT FU	L. LF JAL NAME	- insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAI	ME	OTATE OF	TELINOIS COUNTY OF COO	K AND DI	JPAGE	
UNITED NATIO	ONS, UNITE) STATES, STATE OF	ILLINOIS, COUNTY OF COO	MIDDLE	NAME	SUFFIX
OR 15. INDIVIDUAL'S LAST N		X	FIRST NAME	11110000		-
					Teopital Coop	COUNTRY
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	USA
	SIC	() ₂ c	SPRINGFIELD	IL	62706	USA
207 STATE HOUS	512	TOTAL COLOR OF THE TION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
1d TAX ID #: SSN OR EIN	ORGANIZATION	18. TYPE OF ORGY ALL TION	FEDERAL	1		NONE
	DEPTOR	CORPORATION				
2 ASSITIONAL DESTOR	S EXACT FULL	LEGAL NAME - inser ont one d	ebtor name (2a or 2b) - do not abbreviate or comt	oine names		
22. ORGANIZATION'S NA	ME					
		Æ				ISUFFIX
THE BANK OF COMMERCE		FIF ST N. ME	MIDDLE	NAME	SUFFIX	
OR 26. INDIVIDUAL'S LAST I	NAME					
		· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			Wood Dale	l II.	60191	USA
171 E Irving Park	Road		7.0	20 000	GANIZATIONAL ID #, if any	
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE	28. TYPE OF ORGANIZATION	2f. JURISDICTION OF COSANIZATION	2g. OK	SAME PROPERTY	
20. TAX 10 W. CON C.	ORGANIZATION	CORPORATION	FEDERAL	1		NONE
	DEBTOR		o cat) innert only one secured part, Jame (3e of	3b)		
3. SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured part name (3a or			
3a. ORGANIZATION'S N	AMÉ					
				MIDDL	E NAME	SUFFIX
OR 36. INDIVIDUAL'S LAST	NAME		FIRST NAME	7 4 .		l
Laskowski			Mark		POSTAL CODE	COUNTRY
3c MAILING ADDRESS			CITY	1.12/IE	60184	USA
	Lane		Wayne	l IL	10010-1	USA
5N758 Rochefort	Lanc					

4. This FINANCING STATEMENT covers the following collatera:

NOTICE: In accordance with U.S.C. 47 - Property - This is the entry of the Debtor in the Commercica Pagistry as a transmitting utility and the following property is hereby registered in the same as public notice of a commercial transaction: Deed of Trust recorded as Docket # 0622708064 (Mortgage \$350,000) released by Docket # 0901649046 (Notice of Recommyance); U.C.C. Contract Trust Account # (RA 446 485 655 US): All property is accepted for value and is exempt from Levy Adjustment of the filing is from Public Policy HJR-192, Public Law 73-10 and U.C.C. 10-104. All proceeds, products, accounts, fixtures and the orders therefrom are released to the the Secured Party (Mark: Laskowski).

This is actual Constructive Notice that all of Debtor's interest now owned or hereafter acquired is hereby accepted as collateral for securing contractual obligation in favor of the Secured Party as detailed in a true, complete, authorized Security Agreement in the possession of the Secured Party.

FINANCING, THE BANK OF COMMERCE, ORGANIZATION/TRADE NAME/TRADEMARK - DEBTOR

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL (if applicable) 8. OPTIONAL FILER REFERENCE DATA	CONSIGNOR P BALLEBOARD	SELLER/BUYER RT(S) on Debtor(s) Joptionali	7,0.	 Debtor 2
8. OPTIONAL FILEN REFERENCE SAIN Secured Party: Mark: Laskowski	07/00/09			

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6 2 2 2 2 4 4	ICK) CAREFULLY	STATEMENT			
NAME OF FIRST DEBTOR (1a or 1	D) ON RELATED THOUSE				
9a. ORGANIZATION'S NAME UNITED NATIONS, UNIT	FED STATES, STATE O	F ILLINOIS, COUNTY			
UNITED NATIONS, ONT	FIRST NAME	MIDDLE NAME, SUFFIX			
9b. INDIVIDUAL'S LAST NAME					
MISCELLANEOUS:					
200	0		THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
. ADDITIONAL DEBTOR'S EXACT	FULL EGAL NAME - insert only	one name (11a or 11b) - do not abbreviate	or combine names		
1. ADDITIONAL DEBTOR'S EXACT	FOLI LE SILL HERITE MASK STAY				
			MIDDLE	NAME	SUFFIX
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME			
			STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS		СПҮ			
d TAXID#: SSN OR EIN ADD'L INF	O RE 11e. TYPE OF ORGANIZAT	ON (11. JURISDICTION OF ORGANIZ	ATION 11g. OR	GANIZATIONAL ID#, if	any
ORGANIZA DEBTOR	ATION	1			
2. ADDITIONAL SECURED PA	ARTY'S of ASSIGNOR	S/P'S N ME - isert only one name (1	2a or 12b)		
12a, ORGANIZATION'S NAME		0,			
		FIRST NAME	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		· Ox	İ		
		слу	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS					
13. This FINANCING STATEMENT covers		racted 16. Additional collateral descrip	Son. Off		
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collateral, or is filed as a 1.14. Description of real estate.			0,	O _{ffi} Co	
collateral, or is filed as a fixture f	OWNER of above-described real estat	е	0,	O _{FF}	
collateral, or is filed as a 14. Description of real estate.	OWNER of above-described real estat		S and one boy		
collateral, or is filed as a fixture f 14. Description of real estate.	OWNER of above-described real estat		S and one boy		
collateral, or is filed as a fixture f 14. Description of real estate.	OWNER of above-described real estat	17. Check only if applicable a	nd check <u>only</u> one box. Trustee acting with respect		
collateral, or is filed as a fixture f 14. Description of real estate.	OWNER of above-described real estat	17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable	nd check <u>only</u> one box. Trustee acting with respect and check <u>only</u> one box.	to property held in trust	or Decedent's
collateral, or is filed as a fixture f 14. Description of real estate.	OWNER of above-described real estat	17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTI	nd check <u>only</u> one box. Trustee acting with respect and check <u>only</u> one box.	to property held in trust action effective 30 yea	or Decedent's

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ORDER NO.: 1301 - 000268890 ESCROW NO.: 1301 - 000268890

STREET ADDRESS: 8135 S. SACRAMENTO

ZIP CODE: 60652 CITY: CHICAGO

TAX NUMBER: 19-36-120-072-0000

COUNTY: COOK

LEGAL DESCRIPTION:

THE SOUTH 10 FEET OF LOT 42 AND ALL OF LOT 41 IN BLOCK 4 IN CALVIN'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. TY, ORAS OFFICE