NOFFICIAL CO

LICC 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)	14433 BRIDGEVIEW BAN
CT Lien Solutions	20345211
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
File with: CC IL C	

Doc#: 0927519002 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/02/2009 10:30 AM Pg: 1 of 5

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

M DI'LE NAME

STATE

IL

Pr STAL CODE

o'9840

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 OR SUFFIX FIRST NAME MIDDLE NAME 1b. INDIVIDUAL'S LAST NAME **IBRAHIM AMRO** POSTAL CODE COUNTRY STATE MAILING ADDRESS USA 60491 HOMER GLEN IL 17518 CRYSTAL LAKE DRIVE 1g. ORGANIZATIONAL ID#, if any 1f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 1e. TYPE OF ORGAN ZATION 1d. SEE INSTRUCTIONS ORGANIZATION NONE DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or a dubt or name (2a or 2b) - do not abbreviate or combine names 2a ORGANIZATION'S NAME OR MIDDLE NAME SUFFIX INDIVIDUAL'S LAST NAME NACIA AMRO STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS CITY HOMER CLEN USA IL 60491 17518 CRYSTAL LAKE DRIVE 2g. ORGANIZATIONAL ID #, if any 2f. JURISDICTION OF O' GANIZATION 2e. TYPE OF ORGANIZATION ADD'L INFO RE 2d. SEE INSTRUCTIONS ORGANIZATION

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

4. This FINANCING STATEMENT covers the following collateral:

4753 NORTH BROADWAY

BA ORGANIZATION'S NAME

3b. INDIVIDUAL'S LAST NAME

3c MAUING ADDRESS

DEBTOR

BRIDGEVIEW BANK GROUP

PIN: 28-02-100-039-0000 ALL MACHINERY, EQUIPMENT, FIXTURES, FURNISHINGS, INCLUDING LIFTS, TOOLS, POINT OF SALE EQUIPMENT, DIAGNOSTIC EQUIPMENT AND OTHER TANGIBLE PERSONAL PROPERTY SITUATED IN OR ON, OR USED IN CONNECTION WITH THE OWNERSHIP, OPERATION OR MAINTENANCE OF THE REAL PROPERTY; 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 INTENDICE SAND ACCOUNTS PROCEEDS) INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS PROCEEDS).

CHICAGO

FIRST NAME

5. ALTERNATIVE DESIGNATION [if applicable] LESS	ELEGOOK GOMOIONEELOON	BAILEE/BAILOR SELLER/BUY	
This FINANCING STATEMENT is to be filed [for rec ESTATE RECORDS. Attach Addendum	ord] (or recorded) in the REAL 7. Check to REQUE [if applicable] [ADDITIONAL FE	ST SEARCH REPORT(S) on Debtor(s) El [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	617040100-10801	BBG	1.

Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

NONE

SUFFIX

COUNTRY

USA

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FOI	NANCING STATEMENT	CAREFULLY					
	IAME OF FIRST DEBTOR (1a or 1b) ON 9a. ORGANIZATION'S NAME	RELATED FINANCING STATEM	IENT				
OR	96 INDIVIDUAL'S LAST NAME AMRO	FIRST NAME IBRAHIM	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS			1			
20	345211-IL-31						
	433 BRIDGEVIEW BA!	61704	10100-10801				
44	ADDITIONAL DEBTOR'S EXACT FULL	GA' NAME - insert only one no	ame (11a or 11h) - do n			LING OFFICE USE OF	NLY
11.	11a. ORGANIZATION'S NAME	LEGAL MANNE - INSERT ONLY ONE IN	ame (114 01 110) - 00 11	o, approviate of William	Hainea		
OR	116 INDIVIDUAL'S LAST NAME SHALABI	9,	FIRST NAME ABDELRAHI	M	MIDDLE NAM	1E	SUFFIX
110	MAILING ADDRESS 19450 S. TRAMORE	0	MOKENA		1 1	OSTAL CODE	COUNTRY
110	. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f, JURISDICTION OF C	PRGANIZATION	11g. ORGAN	IZATIONAL ID#, if an	NONE
12.	ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's NA	ME - Inse. conly <u>one</u> na	ame (12a or 12b)			
OR	CO. AND ADVALOR AND		FIRST NAME	· -	MIDDLE NAN	AF	SUFFIX
	12b. INDIVIDUAL'S LAST NAME		FIRST NAIVIE		WILDOUT IVAN	'IL	OUTIA
120	, MAILING ADDRESS		CITY	C	STATE PO	OSTAL CODE	COUNTRY
13.	This FINANCING STATEMENT covers trocollateral or is filed as a fixture filing.	nber to be cut or as-extracted	16. Additional collateral of	description:	Ś		·
14.	Description of real estate:						
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15	Name and address of a RECORD OWNER of a (if Debtor does not have a record interest):	bove-described real estate					
			17. Check only if applical	ble and check <u>only</u> one bo	x.		
			Debtor is a Trust or	Trustee acting with res		held in trust or	Decedent's Estate
	•		!—	ble and check <u>only</u> one bo	x.		
			Debtor is a TRANSM	AITTING UTILITY with a Manufactured-Home	Transaction	effective 30 years	•
				with a Manufactured-Home with a Public-Finance Tran			
			I mod an obtaineddoin				Services, Inc. P.O. Box 290

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11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE N	IAME	SUFFIX
1c. MAILING ADDRESS 13511-13513 SC	OUTH PULASKI R	OAD	CRESTWOOL		IL	POSTAL CODE 60445	COUNTRY
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ADDITIONAL SECURE	D PARTY'S or ASSIGN	IOR S/P's NAI	ME - ກາວຄາເບລໄy <u>one</u> nam	e (12a or 12b)			
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		state	Debtor is a Trust or 18. Check only if applicabl	Trustee acting with respect and check only one box	ect to prop	perty held in trust o	or Decedent's Estat
		state	Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMI	Trustee acting with respect and check only one box	pect to prop		or Decedent's Estat

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NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
99. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
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d. SEE INSTRUCTIONS ADD'LINFO RE 118, TYPE OF ORGANIZATION		ZATION 11	ORGANIZATION	
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ASSIGNOR S/P'S	NAME: - I ser, only one name (12	2a or 12b)		
12a ORGANIZATION'S NAME				
	46			
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MI	DDLE NAME	SUFFIX
		`		
C. MAILING ADDRESS	CITY	ST	ATE POSTAL CO	DDE COUNTRY
3. This FINANCING STATEMENT covers	16. Additional collateral descripto	on: Co	· ·	
All machinery, equipment, fixtures, furnishings, including lifts, tools, point of sale equipment, diagnostic equipment and other tangible personal property situated in or on, or used in connection with the ownership, operation or maintenance of the real property known as LOT 3 IN MOODY'S SUBDIVISION, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL				CO.
Continued on page 2				
 Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 				
	117 Charte only if applicable and	check <u>only</u> one box.		m
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	Debtor is a Trust of Tru		t to property held in	trust of Decedent's Es
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Debtor does not have a record interest)	: IEK OL BDOAG-GESCLINGG LEGI GOYGIG (II	Debtor is a Trust of Tr	rustee acting with respect k d check only one box. 3 UTILITY	property note in the	r Decedent's Esta
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