NOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL
CT Lien Solutions	22597246
P.O. Box 29071 Glendale, CA 91209-9071	ILIL.
	FIXTURE



1009134018 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 04/01/2010 08:43 AM Pg: 1 of 2

	File with: CC IL Cook+, IL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1. D	EBTOR'S EXACT FUL	LL LEG/ L N AME -	insert only o <u>ne</u> debtor name (1a	or 1b) - do not	abbreviate or combine name	s		
	19. ORGANIZATION'S N		LLC					
DR	1b. INDIVIDUAL'S LAST	NAME	1	FIRST NAME		MIDDLE		SUFFIX
1c N	O W ADAMS	ST, SUITE	1710	СНІСА	GO	STATE	60606	USA
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGA (IZATE)N	1f. JURISDICTI	ON OF ORGANIZATION		ANIZATIONAL ID #, if any 93231	NONE
2. A	DDITIONAL DEBTOR	'S EXACT FULL LE	EGAL NAME - insert only or and de	ebtor name (2a	or 2b) - do not abbreviate or	combine na	mes	
	CHICAGO N	NETROPOI	LITAN HOUSING D	EVEL OF	PMENT CORPO	RATIO	N	
OR	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	<i>*</i> .	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS O W. ADAMS	S ST., SUIT	E 1710	CHICA	GO ×	STATE	POSTAL CODE 60606	USA
2d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION CORPORATION	2f. JURISDICT	ON OF OXCANIZATION		SANIZATIONAL ID #, if any 371086	NONE
3. S			TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert o	only one_secured party nam	e (3a or 3b)	
	BANKFINAN		.B.			/ /		
ЭR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	L MAILING ADDRESS W060 NORT	H FRONTA	AGE ROAD	BURR	RIDGE	STATE	P STAL CODE	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 the real Property located at 4412-4426 N. Saint Louis Ave., Chicago, IL 60625. Parcel ID: 13-14-222-024-0000

			7/2	T C		Q 6	S
5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE/C	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIBN	NON-UCC	FILING	İ
6. X This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicable]	 Check to REQUEST SEARCH REPORT IN THE PORT IN THE POR	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 D	ebtor 2	
8. OPTIONAL FILER REFERENCE DATA							
22597246	RN	301/	849/1902044052				

1009134018 Page: 2 of 2

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LOW INSTRUCTIONS (front and ba AME OF FIRST DEBTOR (1a or 1b) Da. ORGANIZATION'S NAME	ON RELATED FINANCING STATEMEN				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
9b. INDIVIDUAL'S LAST NAME					
MISCELLANEOUS					
597246-IL-31		{			
715 BANK FINANCIAL					
	1/849/1902044052 RN		THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
6 Miri' OO IT OO II	FULL LEGAL AME - insert only one na	ame (11a or 11b) - do not al			
ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL CAME - Insert only one				
	$$ $\Theta_{\mathcal{K}}$	FIRST NAME	MiDE	DLE NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		CITY	STA	TE POSTAL CODE	COUNTRY
c. MAILING ADDRESS	0-			ORGANIZATIONAL ID #.	[any
d. SEE INSTRUCTION ADD'L INI	FO RE 11e. TYPE OF ORGANIZATION	17. JURISDICTION OF ORG	ANIZATION 119.	ORGANIZATIONIE	NONE
ORGANIZ DEBTOR			(42a ar 42b)		
ADDITIONAL SECURED PA	ARTY'S <u>or</u> ASSIGNOR S/P's N	AME - 'neert only one name	(12a or 12b)		
12a. ORGANIZATION'S NAME		TEIRST NAME	MIC	DDLE NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST WAINE		ATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS		CITY	SI	ATE FOSTAL GODE	
		16. Additional collateral de	scription:		
 This FINANCING STATEMENT covers collateral or is filed as a X fixture 	s timber to be cut or. as-extracted e filing.	16. Additional condition	4		_{And the} . The
Collateration to mode as a [X]			'5		
14. Description of real estate:	D 8 IN BLOCK 2 IN A. M.			Office	
BARNES' SUBDIVISION OF	D 8 IN BLOCK 2 IN A. M. F THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF				
SECTION 14 TOWNSHIP	40 NORTH, RANGE 13, EAST			6	
OF THE THIRD PRINCIPAL	[MEKIDIAN, IN COOK				
SECTION 14, TOWNSHIP OF THE THIRD PRINCIPAL COUNTY, ILLINOIS. Pa	rcel ID: 13-14-222-024-0000				
OF THE THIRD PRINCIPAL	E MERIDIAN, IN COOK ircel ID: 13-14-222-024-0000				
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OF THE THIRD PRINCIPAL COUNTY, ILLINOIS. Pa	DWNER of above-described real estate				<u> </u>
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OF THE THIRD PRINCIPAL COUNTY, ILLINOIS. Pa	DWNER of above-described real estate	17. Check only if applicate Debtor is a Trust or	ble and check <u>only</u> one box. Trustee acting with respe	not to property held in trust	or Decedent's Es
OF THE THIRD PRINCIPAL COUNTY, ILLINOIS. Pa	DWNER of above-described real estate	17. Check only if applica Debtor is a Trust or 18. Check only if applica	ble and check <u>only</u> one box. Trustee acting with respe ble and check <u>only</u> one box.		or Decedent's Es