

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CORNERSTONE NATIONAL BANK & TRUST COMPANY
ONE WEST NORTHWEST HIGHWAY
PALATINE, IL 60067

Doc#: 1015856037 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds

Date: 06/07/2010 12:04 PM Pg: 1 of 2

2370 NORTH HICKS ROAD PALATINE IIL 60074 USA 1d. SEE INSTRUCTIONS ADD'L INFO RE 1st TYPE OF ORGAN ZATICN III. JURISDICTION OF ORGANIZATION III. 03272362 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or 9 de 40 for name (2a or 2b) - 40 not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRS NAME FIRS NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS OTY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME NINDLE NAME SUFFIX STATIL PC STAL CODE COUNTRY	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
The INDIVIDUAL'S LAST NAME THE MALING ADDRESS 2370 NORTH HICKS ROAD THE TYPE OF ORGAN ZATION OF ORGANIZATION ORGA		1a or 1b) - do not abbreviate or combine names		
1c. MAILING ADDRESS 2370 NORTH HICKS ROAD 1d. SEE INSTRUCTIONS ORGANIZATION DEBTOR LLC 11. JURISDICTION OF ORGANIZATION DEBTOR 12. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or 2 de tot name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRS NAME FIRS NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY USA 19. ORGANIZATIONAL ID #, if any 03272362 NONE 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRS NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY NONE 3b. GRGANIZATION DEBTOR STATE POSTAL CODE COUNTRY NONE STATE POSTAL CODE COUNTRY STATE POSTAL	LAKE COOK AUTO WASH & DETAIL,	LLC		
2370 NORTH HICKS ROAD PALATINE IIL 60074 USA 1d. SEE INSTRUCTIONS ADD'L INFO RE 1st TYPE OF ORGAN ZATICN III. JURISDICTION OF ORGANIZATION III. 03272362 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or 9 de 40 for name (2a or 2b) - 40 not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRS NAME FIRS NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS OTY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME NINDLE NAME SUFFIX STATIL PC STAL CODE COUNTRY	OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CRGANIZATION LLC IL 03272362	2370 NORTH HICKS ROAD	l ·		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRS NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name, 3a or 3b) 3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATI PC STAL CODE COUNTRY	ORGANIZATION IIC		1 -	_
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION'S NAME OF TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX STATE POSTAL CODE COUNTRY		e de tor name (2a or 2b) - do not abbreviate or con	ibine names	
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION 3a. 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 CORNERSTONE NATIONAL BANK & TRUST COMPANY 3b. INDIVIDUAL'S LAST NAME N'INDILE NAME SUFFIX 3c. MAILING ADDRESS CITY STATE PC STAL CODE COUNTRY	OR 2b. INDIVIDUAL'S LAST NAME	FIRS NAME	MIDDLE NAME	SUFFIX
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (32 or 3b) 3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY 3b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX 3c. MAILING ADDRESS CITY STATE PC STAL CODE COUNTRY	2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
OR Sa. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK & TRUST COMPANY 3b. INDIVIDUAL'S LAST NAME SUFFIX 3c. MAILING ADDRESS STATI POSTAL CODE COUNTRY	ORGANIZATION	2f. JURISDICTION OF URF AN".ZATION	2g. ORGANIZATIONAL ID #, if any	_
3c. MAILING ADDRESS CITY STATI PC STAL CODE COUNTRY	3a. ORGANIZATION'S NAME CORNERSTONE NATIONAL BANK &		3b)	
	OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	2,	SUFFIX
TIME WEST MIDELEWEST HIGHWAY TRAILATINE THE LACTOR TO SECOND	3c MAILING ADDRESS			'
4. This FINANCING STATEMENT covers the following collateral:	ONE WEST NORTHWEST HIGHWAY	PALATINE	IL 60067	USA

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, in the ments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

CCESS TITLE SERVICES, INC.

400 Skokie Blvd Ste. 380

Northbrook, IL. 60062

STS/O-17905

				-10:03	100	
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded)	in the REAL 7. Check to REC	QUEST SEARCH REPOF L FEE]	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
A ADDITION OF THE PROPERTY OF THE PARTY						

8. OPTIONAL FILER REFERENCE DATA

1015856037 Page: 2 of 2

UNOFFICIAL COPY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT	1				
9a. ORGANIZATION'S NAME		1				
LAKE COOK AUTO WASH & DETAIL, L	LC					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX					
D. MISCELLANEOUS:		1				
				S FOR FILING OFFIC	E USE ON	LΥ
 ADDITIONAL DEBTOR'S EXACT FULL LECA! NAME - insert only one of 11a. ORGANIZATION'S NAME 	name (11a or 11b) - do not abbre	viate or combine name	s			
R 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE I	NAME	SUFF	ıx
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	ITRY
96						
ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	J. II. JURISDICTION OF ORG.	ANIZATION	11g. ORG	SANIZATIONAL ID#, if an	, <u> </u>	
DEBTOR	<u> </u>					N(
	NAME in a only one name	e (12a or 12b)				
12a ORGANIZATION'S NAME						
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFF	IV
120. INDIVIDUAL S CAST MAINE	TIKOT MANUE		IVIIDQLL I	AUNIE	3017	1/
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	NTRY
		C /				
3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 4. Description of real estate:	16. Additional collateral descr	iption;			· · · ·	
LOT 4 OF DEERPATH LAKE OF PALATINE, BEING A SUBDIVISION OF THAT PART OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS			<i>s</i> (
 Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 2370 North Hicks Road 11 C 						
	17 Chook and if a miles by	nd about only				
Debtor does not have a record interest): 2370 North Hicks Road, LLC	17. Check only if applicable a	_	pect to orr	operty held in trust or	Deceden	r's Es
Debtor does not have a record interest): 2370 North Hicks Road, LLC 2370 North Hicks Road	17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a	Trustee acting with res		operty held in trust or	Decedent	rs E:
Debtor does not have a record interest): 2370 North Hicks Road, LLC 2370 North Hicks Road	Debtor is a Trust or	Trustee acting with res		operty held in trust or	Decedent	rs E
Debtor does not have a record interest): 2370 North Hicks Road, LLC 2370 North Hicks Road	Debtor is a Trust or 18. Check only if applicable a	Trustee acting with res nd check <u>only</u> one box. NG UTILITY		<u>.</u>	Decedent	rs E