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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) JH2 Corporation Service Company SUITE 2320 33 North LaSalle Street



Doc#: 1018131131 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 06/30/2010 04:12 PM Pg: 1 of 4

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FL	ULLLEG ALP AME	insertonly <u>one</u> debtorname (1a or 1b)	-do not abbreviate or combine names			
1. ORGANIZATION'S N	IAMÉ					
	C	V _A				ISUFFIX
OR TH. INDIVIDUAL'S LAST	NAME	/ //,	FIRST NAME	MIDDLE NAME		SUFFIX
SAHI			HARJIT	S		
1c. MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY
1217 EAST C	AMBRIDGI	E DRIVE	SCHERERVILLE	IN	46375	USA
1d. SEE INSTRUCTIONS		10 TYPE OF ORGAN ZATK N	11. JURISDICTION OF ORGANIZATION			
10. SEE HIS INICITANS	ORGANIZATION DEBTOR				NONE	
2 ADDITIONAL DEBTO	R'S EXACT FUL	LEGAL NAME - insert only grad	de no name (2a or 2b) - do not abbreviate or comb	oine names		
2a. ORGANIZATION'S			7			
OR 25. INDIVIDUAL'S LAS	TNAME		FIRLT NAME	MIDDLE NAME		SUFFIX
25. #*517.057.20 5.10			O .	1		
			CITY	STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			TOx.			ļ
	LADOU BIEG BE	26. TYPE OF ORGANIZATION	21. JURISDICTION OF OR JANUZATION	2g. Oft	SANIZATIONAL TO #, If an	<i>y</i>
2d. SEE INSTRUCTIONS	ORGANIZATION DEBTOR	1				NONE
3 SECURED PARTY	S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S	/P) - insert only one secured party name (se r. 3h)			
3a. ORGANIZATION'S	NAME			6,		
CTANDADI	DRANK &	TRUST COMPANY	Y	4		
OR 35. INDIVIDUAL'S LAS	T NAME	TRUST COMPANY	FIRST NAME	MIDDLI	ENAME	SUFFIX
				ϕ .		
3c. MAILING ADDRESS			СПУ	STA' É	F DETAL CODE	COUNTRY
•••	7800 W. 95TH STREET		HICKORY HILLS	IL	15.V.57	USA
/000 M. ADTI	I O I VELLI					

4. This FINANCING STATEMENT covers the following collecteral:

All personal property and fixtures of every kind and nature including without limitation all goods (including inventory, equipment and any accessions thereto), instruments (including promissory notes), documents, accounts, chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, supporting obligations, any other contract rights or rights to the payment of money, insurance claims and proceeds, and all general intangibles (including all payment (See Attached Addendum)

TOTAL STREET STREET	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILING
5. ALTERNATIVE DESIGNATION (# applicable): LESSEEA. ESSOR	THE PARTY OF THE PROPERTY SEALOH REP	ONT(S) on Debtor(s) All Debtors	Outres 4 Children 2
5. ALTERNATIVE DESIGNATION (# applicable): LESSEE LESSON This PRUME NO STATEMENT is to be filed for record (or recorded by the statement of	N accidental MODITIONAL FEET	Indianal Al Captors	Control Control 2

& OPTIONAL FILER REFERENCE DATA

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CC FINANCING STATE	MENT ADDENDUM				
LOW INSTRUCTIONS (front and be	eck) CAREFULLY Ib) ON RELATED FINANCING STAT	EMENT			
90. ORGANIZATION'S NAME	D) ON REDAILED FRANCE OF THE				
ļ					
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
SAHI	HARJIT	S			
.MISCELLANEOUS: IL-Cook C	ounty				
D _O	^				
	FULL LF.3/L NAME - insert only one n	eme (11a or 11b) - do not abbrevia		CE IS FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBT OR'S EXACT	FULL LY, GAY L POWER - INSERT ONLY DOS IN	BINE (118 OF 118) - GO TOL BOOLETIE			
	Ox			EV P VIAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDI	DLE NAME	SUFFIX
		lom/	STĀ	TE POSTAL CODE	COUNTRY
c. MAILING ADDRESS	0	CITY	John		
d. REFINSTRUCTIONS ADO'L INFO	DRE 110 TYPE OF ORGANIZATION	THE JURISDICTION OF ORGAN	IZATION 11g.	ORGANIZATIONAL ID #, if a	ıny
ORGANIZA DEBTOR	* · · · · · · · · · · · · · · · · · · ·		i I		NO
	RTY'S or ASSIGNOR S/P'S	NAME - / ise tonly one name ((12a or 12b)		
12a. ORGANIZATIONS NAME					
	·	<u> </u>			SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIL	DOLÉ NAMÉ	GOLLIV
		CITY	ST	ATE [POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			C>		
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	15. Additional collateral descri	ption:		
collateral, or is filed as a fixture file. 4. Description of real estate:		intangibles).	4		
See Legal Description	n Attached		0.		
nee negat negotificat				() _~	
				Orgina	
				10	
				C	
		Î			
 Name and address of a RECORD OV (if Debtor does not have a record inter 	VNER of above-described real estate rest):				
HARJIT SAHI					
1217 EAST CAMBRIDGE		17. Check only if applicable a			
SCHERERVILLE, IN US	A 46375	Debtor is a Trust or	Trustee acting with respe	ect to property held in trust	or Decedent's En
		18. Check only if applicable a	ind sheck <u>only</u> one box.		
		Debtor is a TRANSMITTIN			
		1 7			
			Manufactured-Home Trai Public-Finance Transacti	nsaction — effective 30 years	

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CC FINANCING STAT					
IAME OF FIRST DEBTOR (1a	or 1b) ON RELATED FINANCING	BTATEMENT			
9a. ORGANIZATION'S NAME			·		
95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
SAHI	HARJIT	S	Ì		
MISCELLANEOUS: IL-Cook		·····	1		
	Country				
	0-				
	CVA.		THE ABOVE SPACE	s for filing off	CE USE ONLY
ADDITIONAL DEBTOR'S EXA	CT FULL LF.3/ L NAME - insert only	one name (11a or 11b) - do not abbre	viate or combine names		***
11 FE. ORGANIZATION & NAME	0~				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDOLE	NAME	SUFFIX
MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY
SEE NATRUCTIONS ADD'L I ORGAN	NFO RE 1110. TYPE OF ORGANIZATION	ON THE JURISDICTION OF ORGA	ANIZATION 11g. OR	GANIZATIONAL ID #, If a	iny N
DESTO	R	3/P'S NAME - //rea.t only one nam	ne (12e or 12h)		
ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	PARITS & LIASSIGNORS	S/F 3 TO-MILE - MINE OF THE PROPERTY SIZE FROM	N (122 GI 125)		
		<u></u>	MOOLE	Niana	ISUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MILULE	NAME	SOFFIA
c. MAILING ADDRESS		ICITY	STATE	POSTAL CODE	COUNTRY
C. MAILING ADDRESS					
. This FINANCING STATEMENT COV	ers timber to be cut or as-extra	acted 15. Additional collateral des	cription:	•	
colleteral, or is filed as a fixtur	e filing.	ļ	1		
Description of real estate:			'5		
				Diffico	
				Fig.	
•					
				CÓ	
		Ì			
5. Name and address of a RECORD (if Debtor does not have a record in	OWNER of above-described real estate nterest):				
JASWINDER SAHI					
1217 EAST CAMBRIDG		17. Check only if applicable			
SCHERERVILLE, IN U	JSA 46375		Trustee acting with respect to	property held in trust	r Decedent's
		18. Check <u>only</u> if applicable			
		Debtor is a TRANSMIT		در بود	
		Filed in connection with	TING UTILITY h a Manufactured-Home Transac h a Public-Finance Transaction —		

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FINANCING STATES	13. This FINANCING STATEMENT covers I limber to be out or as-extracted	12c. MAILING ADDRESS	125. INDIVIDUAL'S LAST NAME
7. Check only if applicable where is a Trust or a fact the point of the production o	16. Additional collaboral description:	CITY	TINGS PARKET
eet is properly held in Hust or management of the Harland Financial Solutions 400 S.W. 6th Avenue, Porten		STATE POSTAL CODE	WIII COCKE
Daradon's Estate d, Dregon 97204		COUNTRY	