UNOFFICIA	L COPY
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Doc#: 1019534007 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	Cook County Recorder of Deeds Date: 07/14/2010 08:25 AM Pg: 1 of 2

B. SEND ACKNOWLEDGEMEN	IT TO: (Name and A	ddress) 15715 BANK FII	NANCIAL_				
CT Lien Soluti	ons	2418140	3				and the second second
P.O. Box 2907	71	11.11			***	A Report of	
Giendale, CA	91209-9071	ILIL FIXTURE	Ēˈ				
<u> </u>	file with:	CC IL Cook+, IL				ING OFFICE USE ONLY	
1. DEBTOR'S EXACT FUL	LEGAL Mr	insert only one debtor name (1a	or 1b) - do no	abbreviate or combine	names	<u> </u>	
OD	JJL PROPERTIES, CORP, AN ILLINOIS ( 1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
1c MAIL ING ADDRESS 5419 N. LINCO		<u> </u>	CHICA	 GO	STATE	POSTAL CODE 60625	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICT	ION OF ORGANIZATION	640	ANIZATIONAL ID #, if any 00934	NONE
S ADDITIONAL DERTOR	DEBTOR S EXACT FULL L	EGAL NAME - insert only one de	r or name (2a	or 2b) - do not abbrevia	ate or combine r	names	
2a. ORGANIZATION'S N	AME						
OR OF INDIVIDUAL'S LAST	2b. INDIVIDUAL'S LAST NAME			FIRST N. MF		NAME	SUFFIX
ZD. INDIVIDUALS DAGT	10 11712			46		POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			CITY	1/2	STATE		
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	29. TYPE OF ORGANIZATION	2f. JURISDIC	TION OF ORGANITATICN	2g. OR	SANIZATIONAL ID#, if any	NONE
- OCCUPED BARTY'S N	DEBTOR	TOTAL ASSIGNEE of ASSIGNO	DR S/P) - inse	t only one secured part	ame (3a or 3	b)	
3. SECURED PARTY S N 3. ORGANIZATION'S N BANKFINAL	JAMF				4		
OR 3b. INDIVIDUAL'S LAST			FIRST NAME		MIDDLE	NAME	SUFFIX
			CITY		STATE		COLINTRY
30 MAILING ADDRESS	TH FRONT	AGE ROAD	BURR	RIDGE		60527	USA

4. This FINANCING STATEMENT covers the following collateral:

Phone:(800) 331-3282 Fax: (818) 662-4141

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 Property located at 5417-5421 N. Lincoln Ave., Chicago, IL 60625. Tax ID#13-12-216-015-0000 and 13-12-216-016-0000.

_		DAILSE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
5. ALTERNATIVE DEGIGIAATION IN approach	LESSEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLENGUTER AS LIEU MOINTEGER   QUEST SEARCH REPORT(S) on Debtor(s)   All Debtor 2
6. X This FINANCING STATEMENT is to be file	[if applicable] [ADDITIONA	
8. OPTIONAL FILER REFERENCE DATA 24181403	(TV) Terry Velan	303 / 683 / 1902045252  Prepared by CT Lien Solutions, P.O. Box 29071.
2110		Prepared by CT Lien 3010 (300) 234 2383

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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	LOW INSTRUCTIONS (front and back) C AME OF FIRST DEBTOR (1a or 1b) ON F	RELATED FINANCING STATEM	ENT					
Te	98. ORGANIZATION'S NAME		i					•
1	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
L	MISCELLANEOUS							
	181403-IL-31							
•	^							
۲.	715 BANK FINANCIAL							
	70,		Terry Velan					
	O Millio V V II					FILING OFFICE USE	ONLY	
1	ADDITIONAL DEBTOR'S EXACT FULL	LECAL NAME - insert only one n	ame (11a or 11b) - do not a	bbreviate or combine	e names			
١.	11a. ORGANIZATION'S NAME	0.0						
2	11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE	NAME	_ (	BUFFIX
	115. INDIVIDUALS LAST PANIL					POSTAL CODE		COUNTRY
10	c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE		300
		TON	11f. JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL ID#, if	any	
10	d. <u>SEE INSTRUCTION</u> ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	TIT. JURISDICTION OF SITE					NO!
	DEBTOR							
2.	ADDITIONAL SECURED PARTY'S	S or ASSIGNOR S/P's N	AME - insert only one name	e (12a or 12b)				<del></del>
	12a. ORGANIZATION'S NAME		4/2-			<u></u>		
ıP	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME		SUFFIX
	120. INDIVIDUALS DAST NAME				1	POSTAL CODE	_	COUNTRY
12	2c. MAILING ADDRESS		CITY	C/	STATE	POSTAL CODE	1	000
				<u> </u>	<u> </u>			
13	3. This FINANCING STATEMENT covers t	timber to be cut or as-extracted	16. Additional collateral des	scription:				
	collateral or is filed as a X fixture filing.				ς -			
1.	4. Description of real estate:							
	LOT 46 AND 17 IN I	BLOCK 3 IN FRED W.	j					
_		NICCUI NEBESTINIVENIVI				10		
	WESTERN SUBDIVISION, BEIN	ION 12 TOWNSHIP 40				0		
	MARTH DANCE 13 FAST OF IT	HE THIRD ENIMOIENE						
Ţ	MERIDIAN, ACCORDING TO TH RECORDED APRIL 12, 1923 AS	DOCOMEN LIAOMOFIX						
111	9070E49   N   ( '7 )	LINOIS. Parcel ID:						
7 N N F	40 40 040 045 0000 and 13-12-2	216-016-0000						
T N N F	7879342, IN COOK GODIN 11, 12 13-12-216-015-0000 and 13-12-2	216-016-0000	ļ					
T N N F	13-12-216-015-0000 and 13-12-2	216-016-0000						
1 N N F	13-12-216-015-0000 and 13-12-2	216-016-0000						
1 N N	13-12-216-015-0000 and 13-12- <i>i</i>	216-016-0000						
1 N N F 7 7	13-12-216-015-0000 and 13-12-2	216-016-0000						
1 N N F 7 7	13-12-216-015-0000 and 13-12-2  15. Name and address of a RECORD OWNER o   (if Debtor does not have a record interest):	216-016-0000						
1 N N F 7 7	13-12-216-015-0000 and 13-12-2	216-016-0000	17. Check <u>only</u> if applicable	e and check <u>only</u> one bo	.x. spect to pr	operty held in trust	or	Decedent's Es
1 N N F 1 1	13-12-216-015-0000 and 13-12-2	216-016-0000	Debtor is a Trust or	Trustee acting with re-	spect to pr	operty held in trust	or [	Decedent's E
1 N N F 7	13-12-216-015-0000 and 13-12-2	216-016-0000	Debtor is a Trust or 18. Check only if applicable	Trustee acting with re-	spect to pr	operty held in trust	or	Decedent's E
1 N N F 7	13-12-216-015-0000 and 13-12-2	216-016-0000	Debtor is a Trust or  18. Check only if applicable  Debtor is a TRANSMI	Trustee acting with re-	spect to pr		or	Decedent's E