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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)	18436 FIRST AMERICAN
CT Lien Solutions	27145022
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE I
All a with: CC II. Co	

Doc#: 1105934063 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/28/2011 01:25 PM Pg: 1 of 2

			FIXTUR	KE				
		File with:	CC IL Cook+, IL		THE ABOVE SPACE	IS FOR FI	LING OFFICE USE ONLY	r
. D	EBTOR'S EXACT FUL	L LEGAL NAME	- insert only one debtor name (1	or 1b) - do no	t abbreviate or combine name	es	· · · · · · · · · · · · · · · · · · ·	
	1a. ORGANIZATION'S NA	AME	9,		Market et en			
R	1b. INDIVIDUAL'S LAST I	NAME	-// /	FIRST NAME	•	MIDDLE	NAME	SUFFIX
	ABADAM			BRIAN				
c N	MAILING ADDRESS 03 COVE DR	#209B	0,5	PROS	PECT HEIGHTS	STATE	POSTAL CODE 60070	USA
đ. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANI ATION	1f. JURISDICT	ION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if an	y NONE
2. A	DDITIONAL DEBTOR	S EXACT FULL L	EGAL NAME - insert only one d	tr، name (2a	or 2b) - do not abbreviate or o	combine r	names	
_	2a. ORGANIZATION'S N	AME	All and the second seco	TO				
R	2b. INDIVIDUAL'S LAST	NAME	•	FIRST WAY),,	MIDDLE	NAME	SUFFIX
.c. N	MAILING ADDRESS			CITY	7//	STATE	POSTAL CODE	COUNTRY
!d. <u>\$</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICT	ION OF OP JANIZATION	2g. ORG	SANIZATIONAL ID#, if an	NONE
3. S			TOTAL ASSIGNEE of ASSIGNO	OR S/P) - inser	only one secured part, name	(3a or 3t)	
_	3ª ORGANIZATION'S N. FTL FINANC	AME. CE				4,		
R	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIL'D E	NAME	SUFFIX
12	MAII ING ADDRESS 215 FERN RIE	GE PARK	(WAY STE 216	ST. LC	UIS	MO	63131	USA
ı. Ti	his FINANCING STATEME	NT covers the follow	ring collateral:				(C)	CV
			- 04494944999 B	- DN 00 04 -	.00.040.4400		0	5 1
зR	YANT FURNACE M	/310AAV03607	0 S/4310A14336. Parcel ID	r PN: 03-24-1	UZ-UT3-14ZZ			P 2
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5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE	/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be file		7. Check to REQUEST SEARCH REP (ADDITIONAL FEE)	ORT(S) on Debtor(s) [All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

8. OPTIONAL FILER REFERENCE DATA 27145022

Lease # None

1105934063 Page: 2 of 2

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	ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME						
96 INDIVIDUAL'S LAST NAME ABADAM	FIRST NAME BRIAN	MIDDLE NAME, SUFFIX				
. MISCELLANEOUS						
145022-IL-31						
8436 FIRST AMERICA!	sè#None		THE ABOVE SP	PACE IS FO	R FILING OFFICE USI	E ONLY
ADDITIONAL DEBTOR'S EXACT FL	JLL LeG/ NAME - insert only o	ne name (11a or 11b) - do not				
11a. ORGANIZATION'S NAME	<i>y</i>					•
11b. INDIVIDUAL'S LAST NAME	Θ_{x}	FIRST NAME		MIDDLE	NAME	SUFFIX
		,				
c. MAILING ADDRESS	0.	CITY		STATE	POSTAL CODE	COUNTRY
I. <u>SEE INSTRUCTION</u> ADD'L INFO I ORGANIZATI DEBTOR		11f. JURISDICTION OF ORG	SANIZATION	11g. OR	GANIZATIONAL ID#,	if any
ADDITIONAL SECURED PART	TY'S <u>or</u> ASSIGNOR S/P's	NAME - Insurt only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME		4				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		<i>y</i>				
: MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	timber to be cut or as-extracted.	ed 16. Additional collateral des	cription:			
<u> </u>	r		(0		
Description of real estate:						
	LOUBION DADIS				Sc.	
escription: UNIT NO. 209B IN	QUINCY PARK OGETHER WITH ITS	į				
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