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) | 23814 WELLS FARGO CM |
| CT Lien Solutions | 30262035 |
| P.O. Box 29071 Glendale, CA 91209-9071 | ILIL FIXTURE |
| Fue with: CC II Co | nok+ !I |

Doc#: 1129334042 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/20/2011 10:22 AM Pg: 1 of 5

| | | | | I THE ABOVE OF | AUC IS FUN F | ILING OFFICE USE ONE | |
|--------------|-----------------------------------|---|--|--|---------------|-----------------------------------|---------|
| 1. DI | EBTOR'S EXACT FU | LL LEGAL N'ME - | insert only o <u>ne d</u> ebtor name (1a | or 1b) - do not abbreviate or combine nam | es | | |
| | 1a. ORGANIZATION'S P SNYDER PR | | \$ i, L.L.C | | | | |
| OR | 1b. INDIVIDUAL'S LAST | NAME | 4 | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 1c N 26 | ALLING ADDRESS 105 ORCHA | RD LAKE F | ROAD, SUITE * | FARMINGTON HILLS | STATE MI | POSTAL CODE 48334 | USA |
| 1d. <u>S</u> | EE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION DE | 1 - | GANIZATIONAL ID#, if any 13584 | noni |
| 2. A | DDITIONAL DEBTOR | 'S EXACT FULL LI | EGAL NAME - insert only one de | by mame (2a or 2b) - do not abbreviate o | r combine nar | nes | |
| | 2a. ORGANIZATION'S I | NAME | | C | | | |
| OR | 2b. INDIVIDUAL'S LAST | NAME | | FIRST N, MF | MIDDLE | MIDDLE NAME | |
| 2c. N | I MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 2d. <u>S</u> | SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIFATIO() | 2g. ORG | GANIZATIONAL ID#, if any | Non |
| 3. S | ECURED PARTY'S N | IAME (or NAME of | TOTAL ASSIGNEE of ASSIGNO | R S/P) - insert only o <u>ne s</u> ecured part (n.). | ne (3a or 3b) | | |
| | WELLS FAI | RGO BANK | (,NA.,AS SUCCES | SOR BY MERGER TO V | W.CHO | VIA BANK,NA | .,AS * |
| OR | 3b. INDIVIDUAL'S LAS | T NAME | | FIRST NAME | \N"\JDLE | NVWE | SUFFIX |
| | ANII ING ADDRESS D BOX 56395 | 56 | | CHARLOTTE | STATE NC | 28256-3956 | COUNTRY |

4 This FINANCING STATEMENT covers the following collateral:

LOAN # 130001411 SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE. SCHEDULE 1 TO FINANCING STATEMENT (Collateral Description) 1. COLLATERAL DESCRIPTION, This Financing Statement covers the following described personal property in which Debtor now or at any time hereafter has any interest ("Collateral"): All goods building and other materials, supplies, work in process, equipment, machinery, fixtures, furniture, furnishings, signs and other personal property, wherever situated, which are or are to be incorporated into, used in connection with or appropriated for use on the real property described on Schedule 1 attached hereto and incorporated by reference herein ("Property"); all rents, issues, deposits and profits of the Property (to the extent, if any, they are not subject to the Absolute Assignment of Rents and Leases); all inventory, accounts, cash receipts, deposit accounts, impounds, accounts receivable, contract rights, me Absolute Assignment of Rents and Leases); all inventory, accounts, cash receipts, deposit accounts, impounds, accounts receivable, contract rights, queneral intangibles, software, chattel paper, instruments, documents, promissory notes, drafts, letters of credit, letter of credit rights, supporting obligations, insurance policies, insurance and condemnation awards and proceeds, any other rights to the payment of money, trade names, trademarks and service marks arising from or related to the Property or any business now or hereafter conducted thereon by Borrower; all permits, consents, approvals, licenses, authorizations and other rights granted by, given by or obtained from, any governmental entity with respect to the Property; all deposits or other security now or hereafter made with or given to utility companies by Borrower with respect to the Property; all advance payments of insurance premiums made by Borrower with respect to the Property; all plans, drawings and specifications relating to the Property; all loan funds held by Lender, whether or not disbursed; all funds deposited with Lender pursuant to any Loan Document; all reserves, deferred payments, deposits, accounts, refunds, cost savings and payments of any kind related to the Property or any portion thereof, including, without limitation, all "Impounds" as defined in the Security Instrument, together with all replacements and proceeds of, and additions and accessions to, any of the foregoing, and all books, records and files Continued on addendum

| 5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LI | 1 | AILEE/BAILOR SELLER/BUYER | AG. LIEN NON-UCC FILING |
|---|--|---|-------------------------------|
| 6. X This FINANCING STATEMENT is to be filed [for record] (ESTATE RECORDS. Attach Addendum | or recorded) in the REAL 7. Check to REQUEST [if applicable] [ADDITIONAL FEE] | F SEARCH REPORT(S) on Debtor(s) [optional] | All Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | |
| 30262035 | AU02058LOAN130001411 | 130001411 | 9 |

1129334042 Page: 2 of 5

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| POLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 90. RORANIZATIONS NAME 10. MISCELLANEOUS 30262035-IL-31 23814 WELLS FARGO CM File with: CC IL Cook+, IL 13030(411 AU02058LOAN130001411 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGGL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11. ADDITIONAL DEBTOR'S EXACT FULL LEGGL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 12. ADDITIONAL SLAST NAME 13. ADDITIONAL SLAST NAME 14. INDIVIDUAL'S LAST NAME 15. MAILING ADDRESS 200 16. SEE INSTRUCTION ADDITIONAL DEBTOR OF ITE TYPE OF ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION DEBTOR 17. ADDITIONAL SLAST NAME 18. TATE POSTAL CODE COUNTRY 4043584 NONE 18. ADDITIONAL SEURED PARTY'S OF ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 18. ORGANIZATION SMAME 19. ORGANIZATION DEBTOR 19. ORGANIZATION DEBTOR 10. INDIVIDUAL'S LAST NAME 10. ORGANIZATION DEBTOR 10. ORGANIZATION SMAME 10. ORGANIZATION DEBTOR 10. ORGANIZATION SMAME 11. ORGANIZATION SMAME 12. ORGANIZATION SMAME 13. ORGANIZATION SMAME 14. ORGANIZATION SMAME 15. ORGANIZATION SMAME 16. ORGANI |
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| OR SE, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX 23814 WELLS FARGO CW File with: CC IL Cook+, IL 13060*411 AU02058LOAN130001411 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGYL () AME - insert only one name (11a or 11b) - do not abbreviate or combine names Total Cook |
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| OR 110. INDIVIDUAL'S LAST NAME 110. INDIVIDUAL'S LAST NAME 1110. INDIVIDUAL'S LAST NAME |
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| 116. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 11c. MAILING ADDRESS 200 FARMINGTON HILLS MI 48334 11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGANIZATI |
| 200 11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION THE TYPE OF ORGANIZATION LLC LE LUC LE LUC LE LUC L |
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| OR 12b, INDIVIDUAL'S LAST NAME SUFFIX |
| OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX |
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| 12c MAILING ADDRESS CITY STATE I POSTAL CODE COUNTRY |
| 12c. MAILING ADDRESS CITY STATE LPOSTAL CODE COUNTRY |
| PO BOX 563956 CHARLOTTE NC 28256-3956 |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracted 16. Additional collateral description: |
| relating to any of the foregoing. 1. INTERPRETATION. The filing of this Financing Statement shall include construed to derogate from or impair the lien or provisions of the Mor gage and Absolute Assignment |
| of Rents and Leases and Security Agreement (and Fixture Filing) Description: SEE ATTACHED. Parcel ID: ("Security Instrument") of even date herewith from Debtor to Secured |
| 13362310180000 Party with respect to any property described therein which is real property or which the parties have agreed to treat as real property. Similarly, nothing in this Financing Statement shall be construed to alter any of the rights of Secured Party as determined by the Security |
| Instrument or the priority of Secured Party's lien created thereby, and this Financing Statement is declared to be for the protection of Secured Party in the event any court shall at any time hold that notice |
| of Secured Party's priority of interest in any property or interests described in the Security Instrument must be filed in the UCC records in order to be effective against a particular class of persons, including, without limitation, the Federal Government or any subdivision or entity |
| of the Federal Government. Capitalized terms not otherwise defined herein shall have the same meanings as in the Security Instrument. |
| 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): |
| 17. Check <u>only</u> if applicable and check <u>only</u> one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate |
| 18. Check <u>only</u> if applicable and check <u>only</u> one box. |
| Debtor is a TRANSMITTING UTILITY |
| Filed in connection with a Manufactured-Home Transaction Filed in connection with a Public-Finance Transaction |

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| FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CA | ADDENDUM REFULLY | | İ | | | | |
|---|----------------------------------|-------------|--|-------------------------|-------------|---------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RI | | NT | | | | | |
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| DR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | N | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | | | | | | | |
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| 11. ADDITIONAL DEBTOR'S EXACT FULL LE 11a. ORGANIZATION'S NAME | G.L. I.AME - insert only one nar | me (| (11a or 11b) - do not abb | previate or combine | names | | |
| DR | Ox. | | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIR | ST NAME | | MIDDLE | NAME | SUFFIX |
| 11c. MAILING ADDRESS | 0 | СІТ | Υ | | STATE | POSTAL CODE | COUNTRY |
| 11d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 1 ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 111 | JURISDICTION OF ORGA | ANIZATION | 11g. OR | GANIZATIONAL ID #, if any | y NONE |
| 2. X ADDITIONAL SECURED PARTY'S | DE ASSIGNOR S/P's NA | ME | - inse.t or.iv <u>one</u> name (| 12a or 12b) | | | |
| 129 ORGANIZATION'S NAME MERGER TO LASALL | E BANK NATIONA | ۱L | ASSOCIATIO | N.AS TRU | STEE | FOR THE * | |
| DR 12b. INDIVIDUAL'S LAST NAME | | | ST NAME | - | MIDDLE | | SUFFIX |
| 40 1441110 4000000 | | 017 | | Α | OTATE | Tagazu gang | 0.011117514 |
| PO BOX 563956 | | CIT | HARLOTTE | 0 | NC | 28256-3956 | COUNTRY |
| 13. This FINANCING STATEMENT covers timb collateral or is filed as a fixture filing. | er to be cut or as-extracted | 16 | . Additional collateral descr | iption: | Ó | | |
| 14. Description of real estate: | | | | | | Disico | |
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| 15. Name and address of a RECORD OWNER of abo (if Debtor does not have a record interest): | ve-described real estate | | | | | | |
| | | 17. | Check only if applicable ar | | | | |
| | | | | rustee acting with resp | ect to prop | erty held in trust or | Decedent's Estate |
| | | 18. | Check <u>only</u> if applicable ar | | | | |
| | | \parallel | Debtor is a TRANSMITTIF Filed in connection with a | | ransaction | ı | |
| | | | Filed in connection with a | Public-Finance Transa | ection | | |

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| FINANCING STATEM FOLLOW INSTRUCTIONS (Front and both | ack) CAREFULLY | | | | | |
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| NAME OF FIRST DEBTOR (1a or 1b 9a. ORGANIZATION'S NAME |) ON RELATED FINANCING STATEM | ENT | | | | |
| 98. ORGANIZATION S NAME | | | | | | |
| OR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS | | | | | | |
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| 11. ADDITIONAL DEBTOR'S EXACT F | ULL LEG' I AME - insert only one na | me (11a or 11b) - do not al | obreviate or combine | names | | |
| 11a, ORGANIZATION'S NAME | | | | | | |
| DR 11b. INDIVIDUAL'S LAST NAME | <u> </u> | FIRST NAME | | MIDDLE | NAME | SUFFIX |
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| 11c. MAILING ADDRESS | 0_ | CITY | | STATE | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTION ADD'L INFO | D RE 11e. TYPE OF ORGANIZATION | 1115 JURISDICTION OF ORG | ZANIZATION | 110 00 | GANIZATIONAL ID #, if an | <u></u> |
| 11d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZA DEBTOR | | THE JUNISDICTION OF ORC | DANIZATION | I TIG. OR | GANIZATIONAL ID #, II AII | y No |
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| 12. X ADDITIONAL SECURED PAR 129 ORGANIZATION'S NAME | RTY'S or ASSIGNOR S/P's NA | ME - insert or ly one name | (12a or 12b) | | | |
| BENEFIT OF THE | CERTIFICATE HOLD | ERS OF COMM | MERCIAL MO | ORTO | SAGE PAS | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
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| PO BOX 563956 | | CHARLOTTE | | NC | POSTAL CODE 28256-3956 | COUNTRY |
| , , , , , , , , , , , , , , , , , , , | timber to be cut or as-extracted | 16. Additional collateral des- | printing | 110 | 20200-0000 | |
| 13. This FINANCING STATEMENT covers collateral or is filed as a fixture fil | ! | To. Additional collateral des | arption. | 6 | | |
| | | | (| 7, ` | | |
| 14. Description of real estate: | | | | | Disting. | |
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| Name and address of a RECORD OWNE (if Debtor does not have a record intere | | | | | | |
| , | • | 17. Check only if applicable | and check only one her | | | |
| | | | and check <u>drily</u> one box. Trustee acting with resp | ect to prop | perty held in trust or | Decedent's Esta |
| | | 18. Check only if applicable | and check <u>only</u> one box. | | | • |
| | | Debtor is a TRANSMITT | TING UTILITY | | | |
| | | Filed in connection with | a Manufactured-Home T | ransaction | n | |
| | | Filed in connection with | a Public-Finance Transa | ction | | |

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EXHIBIT A

LEGAL DESCRIPTION

LOT 37 IN POWELL'S SUBDIVISION OF LOT 8 IN THE CIRCUIT COURT PARTITION OF THAT PART OF THE EAST HALF OF THE NORTHEAST QUARTER WHICH LIES NORTH OF THE NORTHWESTERN PLANK ROAD (NOW MILWAUKEE AVENUE) OF SECTION 36, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

EXCEPT: (ALLEY DEDICATION PARCEL) THAT PART OF LOT 37 IN POWELL'S SUBDIVISION OF LOT 5 IN CIRCUIT COURT PARTITION OF THAT PART OF THE EAST HALF OF THE NO THEAST QUARTER WHICH LIES NORTH OF THE NORTHWESTERN PLANK KOAD (NOW MILWAUKEE AVENUE) OF SECTION 36, TOWNSHIP 40 NORTH, RANCE 13. EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 37; THENCE EAST ALONG THE NORTH LINE OF LOT 37 NORTH 88 DEGREES 58 MINUTES 13 SECONDS EAST, A DISTANCE OF 120.20 FEET; THENCE SOUTH 46 DEGREES 26 MINUTES 32 SECONDS EAST, A DISTANCE OF 7.12 FEET; THENCE SOUTH 88 DEGREES 58 MINUTES 13 SECCIADS WEST, A DISTANCE OF 125.20 FEET TO THE WEST LINE OF SAID LOT 37; THENCE NORTH 01 DEGREES 51 MINUTES 17 SECONDS WEST, A DISTANCE OF 5 FEET TO THE POINT OF BEGINNING IN COOK JE CONTO COUNTY, ILLINOIS.

P.I.N. 13-36-231-018-000