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1201042019 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 01/10/2012 09:05 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) **Belmont Bank & Trust Company** 8250 West Belmont Avenue Chicago, IL 60634

THE ABOVE SP		THE ABOVE SPAC	ACE IS FOR FILING OFFICE USE ONLY			
1. DEBTOR'S EXACT FULL LEGAL NOW	E - insert only one debtor name (1a or	1b) - do not abbreviate	or combine names			
18. ORGANIZATION'S NAME	A. a.					
OR 16. INDIVIDUAL'S LAST NAME	T LL.C.	FIRST NAME		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	<u> </u>	CITY		STATE	POSTAL CODE	COUNTRY
600 W VAN BUREN, STI	E 1000	CHICAGO)	IL	60607	USA_
	1e. TYPE OF ORGANIZATION	1f. JURISDICTION (OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR	LLC	i IL	1	₁ 0012	.0618	NONE
2. ADDITIONAL DEBTOR'S EXACT FUL		ог пате (2a or 2b) -	do not abbreviate or combine na	mes		
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE		SUFFIX
2c. MAILING ADDRESS		CITY	7%	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ORGANIZATIO DEBTOR	29. TYPE OF ORGANIZATION	2f. JURISDICTION	OF OT GANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAM	E of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one	secured party nam. (? or 3b)			
3a. ORGANIZATION'S NAME						,
BELMONT BANK &	TRUST COMPANY	le a vive		IMIGELE	NAME	ISUFFIX
OR 36. INDIVIDUAL'S LAST NAME		FIRST NAME		9	TOME	
3c. MAILING ADDRESS	 	CITY		STATE	POS TAL CODE	COUNTRY
8250 WEST BELMONT	AVENUE	CHICAG	O	IL	69624	USA

4. This FINANCING STATEMENT covers the following collateral:

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, in a puments (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.

	s Y
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN. 6. ATTHIS FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable] To check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [if applicable] [if applicable] All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	S_N SCY

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UNOFFICIAL COPY

CC FINANCING STATEMEN						
NAME OF FIRST DEBTOR (1a or 1b) ON F	RELATED FINANCING STATE	MENT				
98. ORGANIZATION'S NAME						
640 -650 LAKE STREET,	L.L.C.					
640 -650 LAKE STREET, 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
1						
. MISCELLANEOUS:			H:			
ADDITIONAL DEBTOR'S EXACT FULL	·					
					S FOR FILING OFFIC	E USE ONLY
I. ADDITIONAL DEBTORG EXTOT GEE	AL NAME - insert only one na	ime (11a or 11b) - do not abbre	viate or combine name	88		
11a. ORGANIZATION'S NAME	Ox					
R		FIRST NAME		MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME				
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
IC. MAILING ADDRESS		Z				
1d. SEE INSTRUCTIONS ADD'L INFO RE 1	1e. TYPE OF ORGANIZATION	111. JUNES DICTION OF ORG	ANIZATION	11g. OR	SANIZATIONAL ID #, if &	ny
ORGANIZATION DEBTOR				1		NON
2. ADDITIONAL SECURED PARTY'S	<u>or</u> ☐ ASSIGNOR S/P'S	NAME - inse conty one nam	e (12a or 12b)			
12s. ORGANIZATION'S NAME		46				
R		/_X		MIDDLE	\$1\$44F	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	John
		CITY		STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS						
3. This FINANCING STATEMENT covers timbe colleteral, or is filed as a fixture filing. 4. Description of real estate: Exhibit A.	er to be cut or as-extracted	16. Additional collateral desc	ription:	Ś		
					J'A	
 Name and address of a RECORD OWNER of ab Debtor does not have a record interest): 	ove-described real estate (if					
		17. Check only if applicable	and check <u>only</u> one bo Trustee acting with r		wannerhy held in truck	r Decedent's Es
		Debtor is a Trust or 18. Check only if applicable			coperty near in agest of	Davoraina Co
		Debtor is a TRANSMITI		.		
		Filed in connection with		Transactio	on	
		Filed in connection with			=	
		Elleg in connection with	O - MANO-1 HIGHING (TAIL		d Flores aled Colodia	

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EX A

STREET ADDRESS: 640-650 LAKE STREET

CITY: CHICAGO

TAX NUMBER: 17-09-313-004-0000

LEGAL DESCRIPTION:

LOTS 17 TO 22, INCLUSIVE, IN BLOCK 63 IN CANAL TRUSTEES' SUBDIVISION OF LOTS AND BLOCKS IN THE SEC. MOIS.

TODORNA OF COOP COUNTY CLOTH'S OFFICE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN

COOK COUNTY, ILLINOIS.