UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 5028 SUBURBAN BANK 8 33824146 **CT Lien Solutions** P.O. Box 29071 ILIL Glendale, CA 91209-9071 **FIXTURE**

Doc#: 1218719023 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/05/2012 09:08 AM Pg: 1 of 3

		File with:	CC IL Cook, IL		THE ABOVE SPACE	IS FOR FI	LING OFFICE USE ONLY		
1. D	FBTOR'S EXACT FU	LL LEGAL NAME -	insert only one debtor name (1a	or 1b) - do not	abbreviate or combine names				
	1a. ORGANIZATION'S NAME								
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME DEMETRI		MIDDLE NAME		SUFFIX		
	GOFIS								
	IAILING ADDRESS W435 CLOV	ERFIELD F	ROAD	ST. CH	ARLES	STATE	60175	USA	
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	te. TYPE OF ORGAI IZATION	1f. JURISDICT	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE	
2. A	DDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert only one as	ויייסי name (2a	or 2b) - do not abbreviate or c	ombine na	ames		
		ORGANIZATION'S NAME							
OR 26 INDIVIDUAL'S LAST NAME GOFIS		ANUREW		MIDDLE NAME		SUFFIX			
2c. N	MAILING ADDRESS 5 N. LAKES	HORE DRI	VE, #5205	CHICA	GO	STATE	POSTAL CODE 60611	COUNTRY	
2d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICT	ION OF SKGANIZATION	2g. ORG	ANIZATIONAL ID#, if any	NONE	
3. S	ECURED PARTY'S N	NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	R S /P) - insert	only one secured pr. v rame	(3a or 3b)		
	3a ORGANIZATION'S NAME SUBURBAN BANK & TRUST								
OR	3b. INDIVIDUAL'S LAST	T NAME		FIRST NAME		N.IDDLE	NAME	SUFFIX	
	AAII ING ADDRESS O BUTTERF	IELD ROAI)	ELMH	JRST	STATE	50126	USA	

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; all trade 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, including but not limited to all borrower telephone numbers, business names, trade names, trademarks, e-mail addresses, websites; and accounts proceeds) Real Property located at 10401-10415 SOUTH CICERO AVENUE, OAK LAWN, IL 60453. Real Property Tax Identification Numbers are 24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-000-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 & 24-15-107-012-0000.

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or reference of the separate o	NEE/CONSIGNOR BAILEE/BAILOR	\$ELLER/BUYER	AG, LIEN	NON-UCC FILING
6. XThis FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applications]	7. Check to REQUEST SEARCH REP e1 IADDITIONAL FEET	ORT(S) on Debtor(s)	All Debtors 1	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

33824146

15339

GOFIS

1218719023 Page: 2 of 3

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	OF FIRST DEBTOR (1a or 1b)	ON RELATED	INANCING STATEM	ENT				
9a. OR	RGANIZATION'S NAME							
	DIVIDUAL'S LAST NAME	PIRST NAM		MIDDLE NAME, SUF	FIX			
MISC	ELLANEOUS			·				
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		Q _A			,,,,,,,,,,,,		R FILING OFFICE USE	ONLY
	ITIONAL DEBTOR'S EXACT FU	ULL LEG/.L NAM	IE - insert only one n	ame (11a or 11b) - c	o not abbreviate or con	nbine names	<u> </u>	
11a.	ORGANIZATION'S NAME							
	INDIVIDUAL'S LAST NAME) ,	FIRST NAME SPIROS	·	MIDDLE	NAME	SUFFIX
c. MAIL	ING ADDRESS	JF	600	ORLAND F	PARK	STATE	POSTAL CODE 60462	COUNTRY
	INSTRUCTION ADD'L INFO	RE 11e. TYPE C	F ORGANIZATION	11f. JURISDICTION C		11g. OR	GANIZATIONAL ID#, i	any
	ORGANIZAT DEBTOR	TION	•					NO
	ADDITIONAL SECURED PAR	TV'S or	ASSIGNOR S/P's N/	ME - ins art color one	name (12a or 12b)			
=	ORGANIZATION'S NAME	<u> </u>	AGGIGIEGIC GIT 3 TH	uviz - inc sit ciny <u>sin</u>	Trainio (120 or 120)			
				4/				
12b.	. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
- 1401	ING ADDRESS			CITY		STATE	TPOSTAL CODE	COUNTRY
C, WAIL	LING ADDRESS							
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FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back	NT ADDENDUM k) CAREFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) (9a. ORGANIZATION'S NAME		ENT				
GOFIS LAST NAME	DEMETRI	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
33824146-IL-31						
5028 SUBURBAN BANK 8.						
File with: CC IL Cook, IL GOF	e 15339		THE ABOVE SPA	CE IS FOR I	FILING OFFICE US	E ONLY
11. ADDITIONAL DEBTOR'S EXACT FU	LL LEG AL NAME - insert only one na	ame (11a or 11b) - do not	abbreviate or combine	names		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME	7	FIRST NAME		MIDDLE NA	AME	SUFFIX
11c. MAILING ADDRESS	CO	CITY		STATE I	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO I ORGANIZATI DEBTOR		11f, JURISDICTION OF OR	GANIZATION	11g. ORG	ANIZATIONAL ID#,	if any
12. ADDITIONAL SECURED PART	TY'S <u>or</u> ASSIGNOR S/P's NA	ME - insert only one nam	e (12a or 12b)		<u>.</u>	
12a. ORGANIZATION'S NAME		40				
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a fixture filin	timber to be cut or as-extracted	16. Additional collateral de	scription:			
14. Description of real estate:				$^{\prime}$		
24-15-107-003-0000, 24-15-10 24-15-107-005-0000, 24-15-10 24-15-107-007-0000, 24-15-10 24-15-107-009-0000, 24-15-10 24-15-107-011-0000 & 24-15-1	:7-006-0000. :7-008-0000, :7-010-0000,				Sico	
15. Name and address of a RECORD OWNEI (if Debtor does not have a record interes						
		17. Check <u>only</u> if applicable	e and check <u>only</u> one box	C	arty hold in truet	or Decedent's Estate
		Debtor is a Trust or 18. Check only if applicab	Trustee acting with res		erry nero in trust	Decedent a Estate
		18. Check only if applicable Debtor is a TRANSM		•		
		1	ith a Manufactured-Home	Transaction	1	
		Filed in connection w	ith a Public-Finance Tran	saction		