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UCC FINANCING STATEMENT

NCC EINMIACHAC A.	CAPEFULLY
WOTPLICTIONS	(front and back) CAREFULLY
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	and the standil

FOLLOW INSTRUCTIONS (Notice and down)	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818)	662-4141
B. SEND ACKNOWLEDGEMENT TO. (Name and Address)	116406 JULES AND ASS
CT Lien Solutions	34051448
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE
Cile with: CC IL	Cook, IL



Doc#: 1220610059 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/24/2012 11:31 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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EBTOR'S EXACT FULL LEGAL FAN E - insert only one debtor name (1)	4b) do not at	obreviate or combine name	es		
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	FIRST NAME		(1,1,1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2		
1b. INDIVIDUAL'S LAST NAME				POSTAL CODE	COUNTRY
	CITY		STATE	60062	USA
MAILING ADDRESS	NORTH	HBROOK	1	i	
ZOE TECHNY KU.		ION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	[]
TYPE OF UNITARIES		11	448	67664	NON
SEE INSTRUCTIONS	N			200	
DEBTOR	dr otor name (2a	or 2b) - do not abbreviate	or combine nai		
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2a. ORGANIZATION'S NAME					SUFFIX
Za. OROAINZ (III-	-IPST NAME		MIDDLE	NAME	
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	CITY	A	ļ		
c. MAILING ADDRESS	*	/X,		RGANIZATIONAL ID #, if any	
	2f JURISDI	CTION OF CRGANIZATION	2g. OF	(GANIZATION - 1	□ NO
d SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	.		\ <u>_</u>		
d. SEE INSTRUCTIONS ORGANIZATION	\	the same secure (party)	name (3a or 3b)	
DEBTOR ASSIGNEE of ASS	IGNOR S/P) - inse	ert only one sc sit a party			
ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS	ANCE INC	. CYA			
33. ORGANIZATION'S NAME SUSQUEHANNA COMMERCIAL FINA	AMCE, INC	'. 	_	LE NAME	SUFFIX
SUSQUEFIANTA	FIRST NAM	ME.	, C		Ì
OR 3b. INDIVIDUAL'S LAST NAME			0.	F POSTAL CODE	COUNTRY
GD. (1857-15-	CITY		P	T \ 7 4	USA
			PA		1
	MAI.	VERN			
3c MAILING ADDRESS 2 COUNTRY VIEW ROAD SUITE 300	MAL	VERN		<u> </u>	

HVAC Equipment including electrical, support steel & roofing and general conditions from Crane Construction Compart, I.LC as more fully described on Schedule No. 5 of Master Equipment Lease Agreement No. 20070453 ALONG WITH ALL ADDITIONS, SUBSTITUTIONS, ATTACHEMENTS, REPLACEMENTS AND ACCESSIONS THEREOF, PLUS THE PROCEEDS OF ALL THE FOREGOING INCLUDING AMOUNTS PAYABLE UNDER ANY INSURANCE POLICY. THE FOREGOING EQUIPMENT IS ON LEASE TO THE ABOVE NAMED LESSEE (DEBTOR). THIS FILING IS FOR ANY INSURANCE POLICY. THE FOREGOING EQUIPMENT IS ON LEASE TO THE ABOVE NAMED LESSEE (DEBTOR). THIS FILING IS A FIXTURE FILING. THIS FINANCING STATEMENT IS TO BE RECORDED IN THE REAL ESTATE INFORMATIONAL PURPOSES ONLY. THIS IS A FIXTURE FILING. THIS FINANCING STATEMENT IS TO BE RECORDED IN THE WEST 816.0 FEET OF THE RECORDS OF THE COUNTY RECORDER. LEGAL DESCRIPTION AS FOLLOWS: THE EAST 289.0 FEET OF THE WEST 816.0 FEET OF THE NORTH 485.55 FEET OF LOT 12 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 42 NORTH, SOUTH 452.55 FEET OF THE NORTH 485.55 FEET OF LOT 12 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 42 NORTH, SOUTH 452.55 FEET OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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- CD MUVER	☐ AG.	LIEN [NON-U	CC FILING

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		BAILEE/BAILOR SELLER/BUYER	
Landing and the second of the	ESSEE/LESSOR CONSIGNEE/CONSIGNEE	QUEST SEARCH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
5. ALTERNATIVE DESIGNATION (if applicable) 6. X This FINANCING STATEMENT is to be filed (if a contract perconno). Attach Addendum	or record] (or recorded) in the REAL 7. Check to RE [if applicable] [ADDITION/	AL FEE! Contional	
6. X This FINANCING STATEMEN Addendum ESTATE RECORDS. Attach Addendum	III attaica		D.O. Box 2907
8. OPTIONAL FILER REFERENCE DATA	07/17/2012		Prepared by CT Lien Solutions, P.O. Box 2907 Biendale, CA 91209-9071 Tel (800) 331-32≿

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LOW INSTRUCTIONS (front and back) (AME OF FIRST DEBTOR (1a or 1b) ON 9a ORGANIZATION'S NAME	RELATED FINANCING STATEMEN				
	T	MIDDLE NAME, SUFFIX			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME				
MISCELLANEOUS					
051448-IL-31					
16406 JULES AND ASS					
w con Cook II 2007	0453-5 07/17		THE ABOVE SPACE IS FO	R FILING OFFICE USE ON	ILY
1. ADDITIONAL DEBTOR'S EXACT FULL	LL LECAL NAME - insert only one na	me (11a or 11b) - do not a	bbreviate or combine names		_
11a. ORGANIZATION'S NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
R 11b. INDIVIDUAL'S LAST NAME		Fixe: 174112	STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS		CITY			
	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF O	RGANIZATION 11g. 0	RGANIZATIONAL ID #, if a	NONE
11d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT DEBTOR	LION				
T	TY'S or ASSIGNOR S/P's I	NAME insort only one nar	ne (12a or 12b)		<u></u>
12. ADDITIONAL SECONDS TAILS 12a. ORGANIZATION'S NAME		4/2-	MIDDL	E NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME			COUNTRY
		CITY	STAT	E POSTAL CODE	COOM
12c. MAILING ADDRESS					
	timber to be cut or as-extracte	d 16. Additional collateral	descript on.		
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