## UNOFFICIAL COP

Doc#: 1227531001 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds

Date: 10/01/2012 09:50 AM Pg: 1 of 2

## UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

K. RISTINE SIMMONS

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

HYDE PARK BANK & TRUST COMPANY
LOAN DEPARTMENT
1525 E 53RD STREET
CHICAGO, IL 60642

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	THE ABO	OVE SPACE IS FOR THE	
1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names	OVE SPACE IS FOR FILING OFFICE USE	ONLY
OR HEMALI ENTERPRISTS, INC.			
1c MAILING ADDRESS	FIRST NAME	MIDDLE NAME	SUFFIX
4316 S. ASHLAND AVENUE  10 SEEINSTRUCTIONS  ADDILINFO RE 18. TYPE OF ORGANIZATION DEBTOR   CORPORATION	THE RESIDENCE ORGANIZATION	STATE POSTAL CODE  IL 60609  1g. ORGANIZATIONAL ID #, if any	COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a ORGANIZATION'S NAME	ILLINOIS  2 de htor name (2a or 2b) - do not abbreviate or co	IL64290924	NON
OR 26. INDIVIDUAL'S LAST NAME	FIRS NAME		
2c MAILING ADDRESS	City	MIDDLE NAME	SUFFIX
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF OR 3A' JIZATION	STATE POSTAL CODE	COUNTRY
DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S Sa ORGANIZATION'S NAME		2g. ORGANIZATIONAL ID #, if any	<u> </u>
SA ORGANIZATION'S NAME  HYDE PARK BANK & TRUST COMPAN  3b. INDIVIDUAL'S LAST NAME	$_{\mathrm{IY}}$ $^{\mathrm{J}}$	S <sub>1</sub> / <sub>1</sub> / <sub>1</sub>	NONE
3- MAILING ADDRESS	FIRST NAME	MIDDLE NAME	SUFFIX
1525 E 53RD STREET This FINANCING STATEMENT covers the following collateral:	CHICAGO	STATE POSTA LODE  IL 60615	COUNTRY

ALL OF THE FOLLOWING PROPERTY NOW OR AT ANY TIME HEREAFTER OWNED BY DEBTOR IN WHICH THE DEBTOR MAGNOW OR AT ANYTIME HEREAFTER HAVE ANY INTEREST OR RIGHTS, TOGETHER WITH ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST THEREIN: L. ALL GOODS, BUILDING AND OTHER MATERIALS, SUPPLIES, WORK IN PROCESS, EQUIPMENT, MACHINERY, FIXTURES, FURNITURE, FURNISHINGS, INVENTORY, SIGNS AND OTHER PERSONAL PROPERTY, WHEREVER SITUATED, WHICH ARE NOW OR HEREAFTER OWNED BY

- 2 ALL FIXTURES ATTACHED TO OR CONTAINED IN AND USED OR USEFUL IN CONNECTION WITH DEBTOR'S USE OF THE PREMISES AT 4316 ASHLAND AVENUE, CHICAGO, ILLINOIS 60609 ("PREMISES") OR ANY OF THE IMPROVEMENTS NOW OR HEREAFTER LOCATED THEREON, ALL RENEWALS OR REPLACEMENTS THEREOF OR ARTICLES IN SUBSTITUTION THEREFOR, AND ALL PROPERTY OWNED BY DEBTOR AND 3. ALL DEPOSIT ACCOUNTS WITH SECURED PARTY AND.
- 4. ALL REPLACEMENTS AND PROCEEDS OF, AND ADDITION AND ACCESSIONS TO, ANY OF THE FOREGOING (INCLUDING INSURANCE). AND ALL BOOKS, RECORDS, AND FILES RELATING TO ANY OF THE FOREGOING.

ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING STATE RECORDS. Attach Addendum (if applicable) Ag. LIEN NON-UCC FILING (ADDITIONAL FEE Optional) All Debtors Deptor 1 Debtor 2
Debtor 2

1227531001 Page: 2 of 2

## **UNOFFICIAL COPY**

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			TATEMENT	_]			
OR HEMAL	ENTERPRISE	S, INC.					
9b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SU	JFFIX			
10. MISCELLANEOL	JS:						
11. ADDITIONAL DE	BTOP'S EVACE			THE ABO	VF SDACE		
11a. ORGANIZATIO	N'S NAME	3AL NAME - insert only one	name (11a or 11b) - do not ab	breviate or combine na	mes	IS FOR FILING OF	FICE USE ONLY
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11b. INDIVIDUAL'S L	AST NAME	<del></del>	FIRST NAME				
11c MAH (N/C)			. SO INTIVIE	_	MIDDLE	NAME	SUFFIX
11c MAILING ADDRESS			CITY		-		
1d SEEINSTRUCTIONS	ADDI INICO DE L	<u> </u>			STATE	POSTAL CODE	COUNTRY
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2. ADDITIONAL S	ECURED PARTY'S				.a. 0///	······································	
12a. ORGANIZATION	SNAME	ײַ	NAME in an only one nam	ne (12a or 12b)			N
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126. INDIVIDUAL S LA	STNAME		FIRST NAME				
c MAILING ADDRESS					MIDDLE I	IAME	SUFFIX
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50 S. ASHLAND	AVE., SPACE #4. C1	HCAGO, IL 60609 √					
	- " ", "						
Name and address or - F	ECORD OWNER						
		1					
20 SOUTH ASHLA	AND AVENUE, LLC						
	OAD SHITE 300	1					
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