

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

4. This FINANCING STATEMENT covers the following collateral:

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	17485 US BANK - DOCU
CT Lien Solutions	34986539
P.O. Box 29071	
Glendale, CA 91209-9071	ILIL FIXTURE
ाल with: CC IL Co	ook, 1L

Doc#: 1228415007 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 10/10/2012 09:19 AM Pg: 1 of 3

ाल with: CC IL Cook, IL				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1. D	EBTOR'S EXACT FUI	LL LEGAL NAME -	insert only one debtor name (1a	ı or 1b) - do not :	abbreviate or combine na	mes		
	1a ORGANIZATION'S N PREFERRE	D OFFICE	SOLUTIONS, INC.					
OR	1b. INDIVIDUAL'S LAST	NAME	<i>y</i>	FIRST NAME		MIDDLE	NAME	SUFFIX
4300 REGENCY DRIVE			GLENVIEW		STATE POSTAL CODE 60044		USA	
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTIO	ON OF ORGANIZATION	-	ANIZATIONAL ID#, if any 26307	NONE
2. A	DDITIONAL DEBTOR	'S EXACT FULL LE	EGAL NAME - insert only one c.	btor name (2a c	or 2b) - do not abbreviate	or combine na	mes	
2a. ORGANIZATION'S NAME				C				
OR	2b. INDIVIDUAL'S LAST	b. INDIVIDUAL'S LAST NAME			FIRST JAM		MIDDLE NAME	
2c. N	MAILING ADDRESS			CITY	7/	STATE	POSTAL CODE	COUNTRY
_	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION		ON OF ORGAN, ZATION		ANIZATIONAL ID #, if any	NONE
3. S			TOTAL ASSIGNEE of ASSIGNO	R S /P) - insert o	only one secured (a.th) na	ame (3a or 3b)	
	US BANK,					7		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		AIDDLE	NAME	SUFFIX
30 MAII ING ADDRESS 9918 HIBERT STREET, 2ND FLOOR			SAN DI	EGO	CA	POSTAL CODE 92131	USA	

All 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 proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

		S C	N N N N N N N N N N N N N N N N N N N
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE	LESSOR CONSIGNEE/CONSIGNOR BAILE	EE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
[X] This FINANCING STATEMENT is to be filed [for record estate records. Attach Addendum 8. OPTIONAL FILER REFERENCE DATA	(or recorded) in the REAL	ARCH REPORT(S) on Debtor(s) Toptional Toptional	All Debtors Debtor 1 Debtor 2
34986539	Preferred Office Solutions, Inc.	3000003513	
FILING OFFICE COPY - NATIONAL UCC FINANCING	STATEMENT (FORM UCC 1) (REV. 05/22/02)		pared by CT Lien Solutions, P.O. Box 29071, endale, CA 91209-9071 Tel (800) 331-3282

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEM	ENT					
92. ORGANIZATION'S NAME PREFERRED OFFICE SOLUTIONS, INC.						
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX					
10. MISCELLANEOUS	<u></u>					
34986539-IL-31						
17485 US BANK - DOCU File with: CC IL Cook, IL 300003513 Prefer	red Office Solutions			· FILING OFFICE LIGH	- OU V	
	(44 44 %) - 45 - 56			FILING OFFICE USI	UNLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one na [11a, ORGANIZATION'S NAME	ame (11a or 11b) - do not	appreviate or combin	e names			
0						
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFI	X
11c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	TRY
11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	11. JURISDICTION OF OR	GANIZATION	11g. ORGANIZATIONAL ID #, if any			NONE
			I .			
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NA 12a. ORGANIZATION'S NAME	ME - ir sert only <u>one</u> nam	e (12a or 12b)				
OR 12b, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	JAMF	SUFFL	x
120, INDIVIDUAL 3 LAST NAME	FIRST IMME		100			`
12c. MAILING ADDRESS	CITY	6	STATE	POSTAL CODE	COUN	TRY
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a	16. Additional collateral des	7,5				
14. Description of real estate:			0	C		
Description: See attached exhibit A. Parcel ID: 04323010100000				Žico		
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check only if applicable	and check only one box				-h-sh-s-sh
		Trustee acting with resp		erty held in trust o	r Decede	nt's Estate
	18. Check only if applicable	and check <u>only</u> one box.				
	Debtor is a TRANSMIT	TING UTILITY				
	Filed in connection with	n a Manufactured-Home	Transaction			
*****	Filed in connection with	a Public-Finance Trans	action	Prepared by CT Lien S	Palutions D.O.	Pay 20071

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EXHIBIT A

OF PROPERTY DESCRIBED AS:

PARCEL 1: Lot 2 and Lot 3 in Owner's Subdivision of the South 925.0 feet, measured at right angles to the South line of that part lying West of the Northwesterly line of the right of way of Dearlove Road and East of the Southeasterly line of the Chicago and Northwestern Railroad Company, of Lots 6 and 7 in Dearlove's Subdivision of Lots 9 and 10 in County Clerk's Division of Section 32 Township 42 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois,

PARCEL 2: Lot 4 in Owner's Subdivion of the South 925.0 feet, measured at right angles to the South line of that part of way of the Northwesterly line of the right of way of Dearlowe Road and East of the Southeasterly line of the right in County Clerk's Division of Section 32, Township 42 North, Range 12, Rast of the Third Principal Meridan, in Cook County, Illinois.