UNOFFICIAL COPY

	-	jį.	1: 87 S 2 (1) (1)		
	i	D	oc#: 130	3526165 Fee:	\$40.00
C FINANCING STATEMENT LOW INSTRUCTIONS (front and back	d CAREFULLY	Kε	aren A. Yarbi	ough RHSP Fee: Recorder of Deed	\$10.00
NAME & PHONE OF CONTACT AT F			•	13 02:15 PM Pg	
SEND ACKNOWLEDGEMENT TO: (N	ame and Address)				
GREENCHOICE BANK 5225 W. 25TH STREET CICERO, IL 60804	ζ, FSB				
L		THE ABOVE S	SPACE IS FO	R FILING OFFICE I	USE ONLY
DEBTOR'S EXACT FULL EGAL NA	(ME - insert only <u>one</u> def	otor name (1a or 1b) - do not abbreviate or combin			a 4)) 1
1356 N. ARTESIAN, INC.	<u>×. </u>		<u> </u>	3013	3 17
16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
52 W. NORTH AVENUE U	JNIT C	CHICAGO 1f. JURISDICTION OF ORGANIZATION	IL 1g. ORG	60647	USA
ORGANIZATION	ORPORATIO	1	•	3317	NONE
		nly one debtor name (2a or 2b) - do not	abbreviate or com	bine names	
		0			
26. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 20. 1 ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	21. JURISDICTION OF ORG/ MEATION	2g. ORG	ANIZATIÓNAL ID 4, if a	NONE
SECURED PARTY'S NAME (or	NAME of TOTAL A	SSIGNEE of ASSIGNOR S/P) - insert of	(v <u>one</u> secured pa	rty name (3a or 3b)	
GREENCHOICE BANK,	FSB		1/4/		
3b. INDIVIOUAL'S LAST NAME		FIRST NAME	AIDO) S	NAME	SUFFIX
MAILING ADDRESS		СІТУ	STATE	OSTA CODE	COUNTRY
25 W. 25TH STREET		CICERO	l IL	60854	USA