## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS\_Glendale\_Customer\_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 5028 - SUBURBAN BANK & TRUS

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

ILIL
FIXTURE

File with: Cook, IL

Doc#: 1320610036 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 07/25/2013 02:02 PM Pg: 1 of 2

THE ABOVE SPA	CE IS FOI	R FILING (	OFFICE	USE	ONL
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	EBTOR'S NAME: Provide only <u>or Pub</u> tor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of the not blank, check here and provide	•	* *		
	1a. ORGANIZATION'S NAME ZNCCA HOLDINGS, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(SYINITIAL(S)	SUFFIX
1c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
20	BRINKER ROAD	BARRINGTON	IL	60010	USA
	ame will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	th ₃ Individual Debtor information	in item 10 of the Financin	g Statement Addendum (F	orm UCC1Ad)
OR	2b. INDIVIDUAL'S SURNAME	FIRST FOONAL NAME	ADDITH	DNAL NAME(SYNITIAL(S)	SUFFIX
2c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SE	CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	ED PARTY): Provide only one Secu	Party name (3a or 3b)	<del></del>	
	32. ORGANIZATION'S NAME SUBURBAN BANK & TRUST		-/_		
OR P	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)INITIAL(S)	SUFFIX
3c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
150	0 BUTTERFIELD ROAD	ELMHURST	ÎL	30126	USA

4. COLLATERAL: 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, iep'acements, 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 6601-6605 ROOSEVELT ROAD, BERWYN, iL 60402.

Real Property Tax Identification Numbers are 16-19-203-006-0000, 16-19-203-007-0000, & 16-19-203-008-0000.

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	our our source
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instruction	ns) being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	y Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller	r/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 39073551 ZNCCA	15503

1320610036 Page: 2 of 2

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT ADDENDUM

OC. MAILING ADDRESS  CITY  ADDITIONAL SECURED PARTY'S NAME  ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SyNNTIAL(S))  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the late of	g Statement; if line 1b was left blank
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