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NAME & PHONE OF CONTACT AT FILER (optional)	400000				
Control (Control	190622	(1994)			
EMAIL CONTACT AT FILER (optional)		D00#1	1321044029 F	ee: \$40.00	
kpearson@medallion.com		RHSP Fee	:\$9.00 RPRF Fee	e: \$1.00	
SEND ACKNOWLEDGMENT TO: (Name and Address)	→ I	Karen A.Y	arbrough		
MEDALLION BANK		Cook Cou	nty Recorder of E 29/2013 11:19 AM	Deeds 1 Pg: 1 of 2	
1100 EAST 6600 SOUTH, SUITE 510	1				
SALT LAKE CITY, UT 84121					
Filed In: COOK, IL		THE ABOVE SPACE IS FOR	FILING OFFICE USE	E ONLY	
DEBTOR'S NAME - Provide of the Oebter name (1a or 1b) (use exact	full name; do not omit, modify, or at	obreviate any part of the Debtor's	name); if any part of the Ir	ndividual Debtor's	
name will not fit in line 1b, leave all of iter 1 Yank, check here and provide	the Individual Debtor information in	item 10 of the Financing Stateme	nt Addendum (Form UCC	1Ad)	
1a. ORGANIZATION'S NAME					
		Loo	TOWN TOWN TOWN THE	753 SUPPLY	
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDIT	TIONAL NĀMĒ(S)/INITIAL	-(a) 30rrix	
Katris Mailing address	Maria	STAT	E IPOSTAL CODE	COUNTRY	
2114 W Waveland Ave.	Chicago	IL.	60618	USA	
DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact		abraviate any part of the Debtor's	name): if any part of the li	ndividual Debtor's	
DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use execu- name will not fit in line 2b, leave all of item 2 blank, check here and provide	on name, up not omit, modify, or all	item 10 of the Financino Stateme	nt Addendum (Form UCC	:1Ad)	
name will not it in line 26, leave all of item 2 diank, theck here 🗀 and provide 2a. Organization's NAME	The Property of the Property o				
2b. INDIVIDUAL'S SURNAME	FIRST /ER SONAL NAM	E ADDI	TIONAL NAME(S)/INITIAL	L(S) SUFFIX	
Katris	Basileros				
MAILING ADDRÉSS	CITY	STAT	E POSTAL CODE	COUNTRY	
2114 W Waveland Ave	Chicago	IL.	60618	USA	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	ECURED PARTY): Provide only or	e Sec ired Part, name (3a or 3b)			
3a. ORGANIZATION'S NAME		`N.			
MEDALLION BANK	EIDET DEBOONAL NAM	E LABRI	TIONAL NAME/SVINITIA	L(S) SUFFIX	
MEDALLION BANK	FIRST PERSONAL NAM	ADDI	TIONAL NAME(S)/INITIA	L(S) SUFFIX	
MEDALLION BANK		1/5			
MEDALLION BANK	FIRST PERSONAL NAM	E ADDI	IN DETAIL CODE	L(S) SUFFIX COUNTRY	
MEDALLION BANK 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY	STAT			
MEDALLION BANK 3b. individual's surname mailing address 100 EAST 6600 SOUTH, STE 510		STAT	F POSTAL CODE	COUNTRY	
MEDALLION BANK 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 100 EAST 6600 SOUTH, STE 510 COLLATERAL: This financing statement covers the following collateral:	SALT LAKE CI	STAT	F POSTAL CODE	COUNTRY	
MEDALLION BANK 3b. individual's surname mailing address 100 EAST 6600 SOUTH, STE 510	SALT LAKE CI	STAT	F POSTAL CODE	COUNTRY	
MEDALLION BANK 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 100 EAST 6600 SOUTH, STE 510 COLLATERAL: This financing statement covers the following collateral: Siding fascia trim gutters and downspouts - Fi	SALT LAKE CI	STAT	F POSTAL CODE	COUNTRY	
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1321044029 Page: 2 of 2

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDEN	DUM			
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blank			
because individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
OR				
Katris				
FIRST PERSONAL NAME				
Maria				
ADDITIONAL NAME(S)(INITIAL(S)	SUFFIX			
		THE ABOVE SPACE IS F	OR FILING OFFICE I	JSE ONLY
10. DEBTOR'S NAME: Provide (10, or 1 lb) only one additional Debtor	name or Debtor name that did not fit in line			
do not omit, modify, or abbreviate any part of the Debtor's name) and en 10a. ORGANIZATION'S NAME	ter the mailing address in line 10c			·····
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
.,,	O _Z			
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA
	IOD SECURED DARD AND DANK	de celu pre nome (11g er 11h)		100.,
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PART & NAME: Provi	de brilly one harrie (Tra di Tro)		
OR				Louise W.
11ь. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ÄL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12 ACRITICAL CRACE COD (TEM 4 (Colletors)):				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		.0		
			Jx	
			(C)	
			0	
13. This FINANCING STATEMENT is to be filed [for record] (or rec	corded) in 14. This FINANCING STA	TEMENT:		
13. X This FINANCING STATEMENT is to be filed [for record] (or record) the REAL ESTATE RECORDS (if applicable)			eral X is filed as a fo	dure filing
15. Name and address of a RECORD OWNER of real estate described in	n item 16 16. Description of real estate			
(if Debtor does not have a record interest):				
17. MISCELLANEOUS:				