UNOFFICIAL COPY

International Association of Commercial Administrators (IACA)

Dentons US LLP 233 S. Wacke: Drive Suite 7800 Chicago, IL 66:096 Attn: Alex Amezina Esq. DEBTOR'S NAME: Provide only spi. Roor name (1s or 1b) (use seact, fill name, do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in team 10 of the Financing Statement Addendam, (Form LOCIAd) TITLE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only spi. Roor name (1s or 1b) (use seact, fill name, do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in team 10 of the Financing Statement Addendam, (Form LOCIAd) Ta DRANIZATION'S NAME MALLING ADDRESS To DDRTC Holdings Pool 3, LLC, 3300 Enterprise Park way DEBTOR'S NAME: Provide only spi. Bobbor name (2s or 2b) (use seact, fill name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Debtor's na	CETINANCING STATEMENT LLOWINSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Dentions US LLP 233 S. Wacker, Drive State 7880 Chicago, II. 66/306 Attan: Alex Americas 35/4. DESTOR'S NAME: Provide only as National of the 10 juan seas. Ad areas, do not set, notify, or advantage any part of the Destor same, if any part of the subdivided Destor Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and the Information in ten 10 of the Francing Statement Address from LOCKAM, and			11111	1484		
COCK COUNTY Reported of Deeds Date: O4/01/2014 02:15 PM Pg: 1 of 6 Atte: O4/01/2014 02:15 PM Pg: 1 of 6 Atte: O4/01/2014 02:15 PM Pg: 1 of 6 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gas. Not reams (1s or 1b) (sue exact, full name, do not onst, modify, or abbreviets any part of the Debtor's name); if any part of the Individual Debtor information in team 10 of the Financing Statement Addendum (Form UCC1Ad) To. RICHINDIVIDUAL'S SURNAME MAILING ADDRESS TO DDR'TC VILLAGE CROSSIN'S LLC TIN, INDIVIDUAL'S SURNAME: Provide only gas Debtor name (2s or 2b) (sue exact, full name, do not onst, modify, or abbreviets any part of the Debtor's name); if any part of the Individual Debtor information in team 10 of the Financing Statement Addendum (Form UCC1Ad) To. INDIVIDUAL'S SURNAME MAILING ADDRESS TO DDR'TC Holdings Pool 3, LLC, 3300 Enterprise Participal Beachwood DESTOR'S NAME: Provide only gas Debtor name (2s or 2b) (sue exact As forms, or not onst, modify, or abbreviete any part of the Debtor's name); if any part of the Individual Debtor information in team 10 of the Financing Statement Addendum (Form UCC1Ad) DESTOR'S NAME: Provide only gas Debtor name (2s or 2b) (sue exact As forms, or not onst, modify, or abbreviete any part of the Debtor's name); if any part of the Individual Debtor information in team 10 of the Financing Statement Addendum (Form UCC1Ad) DESTOR'S NAME: Provide only gas Debtor, check here and provide the individual Debtor information in team 10 of the Financing Statement Addendum (Form UCC1Ad) DESTOR'S NAME (or NAME or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): NAME ADDITIONAL NAME(SINNTIALIS) SUFFIX B. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	COCK COUNTY RECORDER OF CONTROL AT FILER (optional) EMAIL CONTACT AT FILER (optional) EMAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Dentions US LLP 233 S. Wacker, "Drive Suite 7880 Chicago, IL 66/36 Attn: Alex American Sq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR'S NAME: Provide only ago, "Self-count (1 or 10) leas exact, Mil name, do not with, monthly, or abbreviate any gard of the Debtor samely; if any part of the Individual Debtor Internation of the Therefore Systement Addresses (1 or 10) leas exact, Mil name, do not with, monthly, or abbreviate any gard of the Debtor samely; if any part of the Individual Debtor Internation in the II, there all of then Telephone has been debtored to be included Debtor Internation in the III of the Prevating Systement Addresses (From LUC)Ling In DIGITAL TULL AGE CROSSING LLC In RECORDAL SURVAIME OPERATOR'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SyMeTHALIS) DESTOR'S NAME: Provide only ago Ballow reare (2s or 2s) the exact of the first do not write, modify, or abbreviate any part of the Debtor's samely if any part of the Individual Debtor Internation in the II in the 2s heavy and of them 2 blency, check then medical Debtor Internation in the II of the Prevating Systement Addresses in First Personal Name FIRST PERSONAL NAME DESTOR'S NAME (or NAME or Addresses) ADDITIONAL NAME(SymeThalis) SUPPIX BE INDIVIDUAL'S SURVAIME (or NAME or ASSUME of ASSUMES of ASSUMES of ASSUMED PARTY: Provide only gas 54 Jaired lively name (3b or 3b) SEND PARTY'S NAME (or NAME or N			Kare	n A. Yarbro	ovah	46 .00
NAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Dentons US LLP 233 S. Wacker Prive Suite 7800 Chicago, IL 60:00 Attn: Alex Amezena Esq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Notice name (is or 1b) (use exact, full name, do not onit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE ONLY THE ABOVE SPACE	E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Dentons US LLP 233 S. Wack: Prive Suite 7809 Chicago, IL 66:06 Attr: Alex American Sq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Suite 7809 Chicago, IL 66:06 Attr: Alex American Sq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY State of the Indian Sq. Issuer and in Indian Sq. Issuer and	CC FINANCING STATEMENT		Cook	County A	Boarder of Deeds	of 5
Dentons US LLP 233 S. Wacke. Drive Suite 7800 Chicago, IL 60-06 Attn: Alex Amezina. Sq. DEBTOR'S NAME: Provide only on Notionama (1a or 1b) (use exect, full name; do not only, modify, or ebbreviate any part of the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exect, full name; do not only, modify, or ebbreviate any part of the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME DIAMILING ADDRESS To DDRTC Holdings Pool 3, LLC, 3300 Enterprise Pirk vary Beachwood DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, for rise, do not ornit, modify, or ebbreviate any part of the Debtor's name; if any part of the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, for rise, do not ornit, modify, or ebbreviate any part of the Debtor's name; if any part of the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only one Debtor, check here and provide in individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(Symminut(S)) SUFFIX SIGNIFIANTIALISS SURPAME FIRST PERSONAL NAME FIRST PERSONAL NAM	Destrons US LLP 233 S. Wacker, 3 trive Suite 7880 Chicago, IL 66/306 Attri: Alex American J. Edg. DESTOR'S NAME: Provide rely act Poper remark (a or 11) (use sead, 14 name, do not oml, modity, or abbreviate any part of the Debot's remark): Yeary and and provides the incidendal Debot remarks in the name of the Paracrity Statement Advanction (From UCC1Ad) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE O	NAME & PHONE OF CONTACT AT FILER (optional)				g.	Or 3
Dentons US LLP 233 S. Wacke, Prive Suite 7800 Chicago, IL 68-86 Attn: Alex Amesima Esq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only and Debtor name (1a or 1b) (use exact, full name, do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in term 10 of the Financing Statement Addendum (Form UCC1Ad) Ta ORGANIZATION'S NAME DRTC VILLAGE CROSSING LLC This INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX MAILING ADDRESS TO DRTC Holdings Pool 3, LLC, 3300 Enterprise P Ink way DEBTOR'S NAME: Provide only and Debtor name (2a or 20) (use exact, 4m name, do not only, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor name will not in in line 2b, leave at of term 2 blank, check here and provide, in a Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME The POSTAL CODE COUNTRY DESTOR'S NAME of term 2 blank, check here and provide, in and provide, in a Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) ERROR PORTAL SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX The POSTAL CODE COUNTRY STATE POST	Detroins US LLP 23 S. Wacker. Drive Soute 7800 Chicago, IL 60:006 Attn: Alex Americans 55q. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gas Doors name (is or 10) (use space, i.m. name, do not onth, modify, or abbreviate any part of the Debtor's name); tany part of the Individual Debtor Information in team 10 of the Financing Statement Addendam (Form UCCLAG) TO INDIVIDUALS SURFIAME FIRST PERSONAL NAME INDIVIDUALS SURFIAME FIRST PERSONAL NAME POSTAL CODE OUNT A4122 DESTOR'S NAME: Provide only gas Debtor name (is or 20) (use season for first, do not only, modify, or abbreviate any part of the Debtor's name; for your of the Individual Debtor Information in team 10 of the Financing Statement Addendam (Form UCCLAG) TO INDIVIDUALS SURFIAME FIRST PERSONAL NAME DESTOR'S NAME: Provide only gas Debtor name (is or 20) (use season for first, do not only, modify, or abbreviate any part of the Debtor's name (is or part of the part of the Individual Debtor Information in team 10 of the Financing Statement Addendam (Form UCCLAG) TO REPORT SURFIAME TO REPORT SUR	. E-MAIL CONTACT AT FILER (optional)					
233 S. Wacke. Drive Suite 7800 Chicago, IL 60-06 Attn: Alex Amezona Esq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	233. Wacker 271ve Suite 7800 Chicago, 1L 60:006 Attm: Alex Amezina 55q. DEBTOR'S NAME: Provide only gai, Oxer name (1s or 1th) (use coact, 1.6 nems, do not only, modify, or abbreviate any part of the Debtor's name); any part of the Individual Debtor Information in the Internal and of their into 15 lever all of their Tolay, "Internal Value", internal Value", internal Value of provide the Individual Debtor Information in Sean 10 of the Francing Statement Addresday, (Form UCC) (Major DDRTC VILLAGE CROSSING LLC 110. INCIVIDUAL'S SURVAME MAILING ADDRESS CITY STATE POSTAL CODE COUNT	. SEND ACKNOWLEDGMENT TO: (Name and Address)		×- <u></u> -			··
Suite 7800 Chicago, IL 60:00 Attn: Alex Amezenia Foq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OF THE MADE IS AND IN THE INCIDIAL DEVICE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OF THE MADE IS AND IN THE INCIDIAL DEVICE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR F	Suite 7806 Chicago, IL 66/306 Atta: Alex American 5sq. DESTOR'S NAME: Provide only 5th Note: name (is or 1b) (use stact, full name, do not only, modify, or abbreviate any part of the Debtor's startly; if any part of the Debtor's startly; if any part of the Individual Debtor information in than 10 of the Francing Statement Addendum (Form UCC1/Ad) Tab DRANIZATION'S NAME INDIVIDUAL'S SURNAME		71				
Chicago, IL 60:06 Attn: Alex Amezers Esq. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only got Noork name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME DDRTC VILLAGE CROSSIN'S LLC Tb. INDIVIDUAL'S SURNAME MAILING ADDRESS TO DDRTC Holdings Pool 3, LLC, 3300 Enterprise Park way DEBTOR'S NAME: Provide only goe Debtor name (2a or 2b) (use exact, or price; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only goe Debtor name (2a or 2b) (use exact, or price; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME R. 2D. INDIVIDUAL'S SURNAME FIRST PENSONAL NAME FIRST PENSONAL NAME	Chicago, IL 602094 Attr: Alex Amezina (Fig.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING THE ABOVE SPAC						
DEBTOR'S NAME: Provide only are Not name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in term 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME DDRTC VILLAGE CROSSING LLC 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 1d. DDRTC Holdings Pool 3, LLC, 3300 Enterprise Park way DEBTOR'S NAME: Provide only and Debtor name (2a or 2b) (use exact of part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide it individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME PIRST PERSONAL NAME POSTAL CODE COUNTRY USA DEBTOR'S NAME: Provide only and Debtor name (2a or 2b) (use exact of part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide it is individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME PIRST PERSONAL NAME POSTAL CODE COUNTRY SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only and Secured Name (3a or 3b) 3a. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agus 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PER	DESTOR'S NAME: Provide only ago. Note: name (1 a or 15) (use exact, full ranne, do not omt, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor into file in the 16, leaves all of item 1 Oats, sheet here and provide the Individual Debtor intomation in item 10 of the Phancing Stetement Addendum (Form UCC144) Ta. ORGANIZATIONS NAME FIRST PERSONAL NAME Provide only ago Boder name (2a or 2b) (use exact, full ranne, do not omt, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Intomation in Item 10 of the Phancing Stetement Addendum (Form UCC144) Ta. INDIVIDUAL'S SURNAME Provide only gas Debtor name (2a or 2b) (use exact, for incise; do not one), modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor intomation in Item 10 of the Financing Stetement Addendum (Form UCC144) DEBTOR'S NAME: Provide only gas Debtor name (2a or 2b) (use exact, for incise; do not one), modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor intomation in Item 10 of the Financing Stetement Addendum (Form UCC144) DEBTOR'S NAME: Provide only gas Debtor name (2a or 2b) (use exact, for incise; do not one), modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor intomation in Item 10 of the Financing Stetement Addendum (Form UCC144) DEBTOR'S NAME: Provide only gas Debtor name (2a or 2b) (use individual Debtor intomation in Item 10 of the Financing Stetement Addendum (Form UCC144) Ta. ORGANIZATION'S NAME R. I. INDIVIDUAL'S SURNAME or NAME or ASSIGNOR SECURED PARTY: Provide only gas Gardenium (Part (Par						
DEBTOR'S NAME: Provide only on Notice and (a or 1b) (use exact, full name; do not omit, modify, or abbreviate arry part of the Debtor's name; if any part of the Individual Debtor name will not fit in line 1b, leave all of item 1° olani, sheck here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME DDRTC VILLAGE CROSSING LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY OH 44122 USA DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ** prine; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide, it individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANITIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agrae FIRST PERSONAL NAME ADDITIONAL NAME(S)ANITIAL(S) SUFFIX SITATE POSTAL CODE COUNTRY ADDITIONAL NAME(S)ANITIAL(S) SUFFIX Bb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	DEBTOR'S NAME: Provide only ago, Notice name (1 a or 10) (use soart, fild interes, do not contit, modify, or abbreviate any series of the Debtor's name; if any part of the Individual Debtor intermedial not it in item 10 of the Financing Statement Addendum (Form UCC1Ad) Table INDIVIDUAL'S BURNAME FIRST PERSONAL NAME FIRS	Chicago, IL 60506					
DEBTOR'S NAME: Provide only go. Pools name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviete any pert of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME DDRTC VILLAGE CROSSING LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANTIAL(S) SUFFIX MAILING ADDRESS TO DEBTOR'S NAME: Provide only goa Debtor name (2a or 2b) (use exact, for institute) Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only goa Debtor name (2a or 2b) (use exact, for institute) Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME PIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANTIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only goa Se used (1set) name (3a or 3b) 3a. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agen Secured Party'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)ANTIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only goa Se used (1set) name (3a or 3b) 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRS	DEBTOR'S NAME: Provide only abl. Debt. name (1 a or 15) (use exact, fail name, do not emit, modify, or abbreviate any part of the Debtor name); if any part of the Individual Debtor Information in tien 10 of the Phancing Statement Addendum (Form UCC1Ad) 18. ORGANIZATION'S NAME 19. INDIVIDUAL'S SURNAME MALLING ADDRESS MALLING	Attn: Alex Amezera asq.		THE ABOVE S	PACE IS FOR	R FILING OFFICE USE	ONLY
TIS. INDIVIDUAL'S SURNAME MAILING ADDRESS TO DDRTC Holdings Pool 3, LLC, 3300 Enterprise Park way Beachwood DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use exact. Ar are; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blenk, check here and provide it a Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SyMNTIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTR CITY STATE POSTAL CODE COUNTR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured array name (3e or 3b) 3a. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agary 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME CITY STATE POSTAL CODE COUNTR STATE POSTAL CODE COUNTR CITY STATE POSTAL CODE COUNTR CITY STATE POSTAL CODE COUNTR CITY CITY STATE POSTAL CODE COUNTR CITY CITY	MAILING ADDRESS ADDRTC Holdings Pool 3, LLC, 3360 Enterprise Park vay Beachwood	name will not fit in line 1b, leave all of item 1 blan', check here 1a. ORGANIZATION'S NAME DDRTC VILLAGE CROSSING L	LC				
MAILING ADDRESS TO DDRTC Holdings Pool 3, LLC, 3300 Enterprise Pirk way The Beachwood OH 44122 USA The DDRTC Holdings Pool 3, LLC, 3300 Enterprise Pirk way The Debtor into only one part of the Debtor's name; if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide it and pr	BECHAPOOD BECHOR'S NAME: Provide only gas Debtor name (2e or 20) (see exact. ** fr. fire; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not it in line 2b, leave sit of item 2 blank, check here and provides it? Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2e. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 38) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 38) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 38) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gas St. Line() verty name (3e or 3e) SECURED PARTY'S NAME (or NAM	1b. INDIVIDUAL'S SURNAME					COLINTRY
DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use exact, Ar. Princ) do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide it a individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Netty name (3e or 3b) 3e. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Again 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME CITY STATE POSTAL CODE COUNTR STATE POSTAL CODE COUNTR CITY CITY CITY CITY STATE POSTAL CODE COUNTR USA	DEBTOR'S NAME: Provide only displaced Debtor name (2s or 2b) (use exact of riche; do not onlt, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not if it ince 2b, leave all of item 2 blank, check here and provide it individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL HAME(SYNNTIAL(S) SUFFIX CODE COUNT STATE POSTAL CODE COUNT 3b. ORGANIZATION'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gog Secured Party name (3e or 3b) 3b. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNT 4c. MAILING ADDRESS CITY STATE POSTAL CODE COUNT 4c. MAILING ADDRESS ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 5c. COLLATERAL: This financing statement covers the following collateral: 4c. MAILING ADDRESS CITY STATE POSTAL CODE COUNT 4c. MAILING ADDRESS ADDITIONAL NAME(SYNNTIAL(S) SUFFIX 5c. Check gog if applicable and check gog one box: Collateral is hadd in a Trust (see UCC1Ad, item 17 and instructions) Design administrated by a Decodent's Personal Representation of the control of the stage gog one box: Collateral is hadd in a Trust (see UCC1Ad, item 17 and instructions) Design administrated by a Decodent's Personal Representation of the control of the stage gog one box: Collateral is hadd in a Trust (see UCC1Ad, item 17 and instructions) Design administrated by a Decodent's Personal Representation of the control of the co	MAILING ADDRESS NO DDRTC Holdings Pool 3, LLC, 3300 Enterpri			1-11-		1
PIRST PELSON INDIVIDUAL'S SURNAME FIRST PELSON I NAME CITY STATE POSTAL CODE COUNTR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured I withy name (3e or 3b) 3e. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Again FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME CITY STATE POSTAL CODE COUNTR CITY	E. MAILING ADDRESS CITY STATE POSTAL CODE COUNT SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Se used any name (3e or 3b) 3a. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agen 3b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS CITY CITY CITY COLLATERAL: This financing statement covers the following collateral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check gally if applicable and check gally one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) Deing administrated by a Decedent's Personal Representation of the collaboration and check gally one box: 8b. Check only if applicable and check gally one box: 8b. Check only if applicable and check gally one box:				IADDITIO	NAI NAMEISWINITIALISI	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3e or 3b) 3e. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agor By Doublind Party name STATE POSTAL CODE COUNTR CITY CITY	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only stag Se ared ()erry name (3e of 3b) Se. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Again Se. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY CITY CITY CITY CITY CITY CITY COLLATERAL: This financing statement covers the following collateral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly If applicable and check goly one box: Collateral is held in a Trust (see UCC14d, item 17 and instructions) being administrated by a Decader's Personal Representation of the control of the check goly one box: Se. Check goly If applicable and check goly one box: Collateral instructions	R 2b. INDIVIDUAL'S SURNAME	FIRST PENGCAV 2 NAM	JE			
Sa. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Agor FIRST PERSONAL NAME STATE POSTAL CODE COUNTR CITY	Se. ORGANIZATION'S NAME KEYBANK NATIONAL ASSOCIATION, as Administrative Ager J. DOITIONAL NAME(S)INITIAL(S) SUFFIX S. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY CITY CITY CITY COUNTY CITY COUNTY STATE POSTAL CODE COUNTY US. ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly If applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decadent's Personal Representation of the County of the Coun	C. MAILING ADDRESS	CITY	~	STATE	POSTAL CODE	COONTRI
KEYBANK NATIONAL ASSOCIATION, as Administrative Agents and individual's surname Continual name Continual	KEYBANK NATIONAL ASSOCIATION, as Administrative Aggressia. Individuals surname FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FORTAL CODE COUNTY CITY CITY CITY CITY CITY COLLATERAL: This financing statement covers the following collateral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly If applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decadent's Personal Representation of the collection of the collectio	SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide o	nly one Se Jared (arty	name (3a or 3l	o)	
R 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME STATE POSTAL CODE COUNTR C.H 44114 USA	35. INDIVIDUAL'S SURNAME CITY CITY Cleveland CITY Cleveland CITY Cleveland COLLATERAL: This financing statement covers the following colleteral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly if applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administrated by a Decadent's Personal Representation of the collection of the col	KEVRANK NATIONAL ASSOCI	ATION, as Administra	ative Ager			
City STATE POSTAL CODE COUNTRY USA	c. MAILING ADDRESS 127 Public Square Cleveland Cleveland Cleveland Cleveland Cleveland CH A4114 COUNTY CLEVELAND COUNTY CLEVELAND COUNTY CLEVELAND COUNTY CLEVELAND COUNTY CLEVELAND COUNTY COUNTY COUNTY COUNTY COUNTY CALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly if applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decadent's Personal Representation of the county if applicable and check goly one box: 68. Check goly if applicable and check goly one box:		FIRST PERSONAL NA	AE	LODITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS Cleveland CH 44114 USA	Collateral: This financing statement covers the following collateral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED. 5. Check goly if applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decadent's Personal Representation of the collection of the policable and check goly one box:				T	Incertal CODE	COLINTR
107 DLila Canana	5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administrated by a Decodent's Personal Representation of the control of th	. MAILING ADDRESS	I =				
COLLATERAL: This financing statement covers the following collateral: ALL PROPERTY AND ASSETS OF DEBTOR, WHEREVER LOCATED.	5. Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and instructions)		سببب بيريب بريابر		- 011		
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:			TED.		TIICO	
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:						
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:						
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:						
	5. Check only if applicable and check only one box: Consultrate Interview in the control of the						
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:						
	5. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: 6c. Check only if applicable and check only one box:						
	Se. Check only if applicable and check only one box:	Chack only if anylicable and chack only one box: Collateral is	held in a Trust (see UCC1Ad, item 17	and Instructions)	being admini	stered by a Decedent's Pers	onal Represa
5. Check only if exclicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Repress		Sa. Check only if applicable and check only one box:			·		
5. Check only if applicable and check only one box: Collateral is			Consignme/Consignor	Seller/Buy	sar Ili	Balles/Ballor Li	A-110-4-11-1-0

FILING OFFICE COPY -- UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: 09772630-0090 (File with Cook County, Illinois)

1409122111 Page: 2 of 5

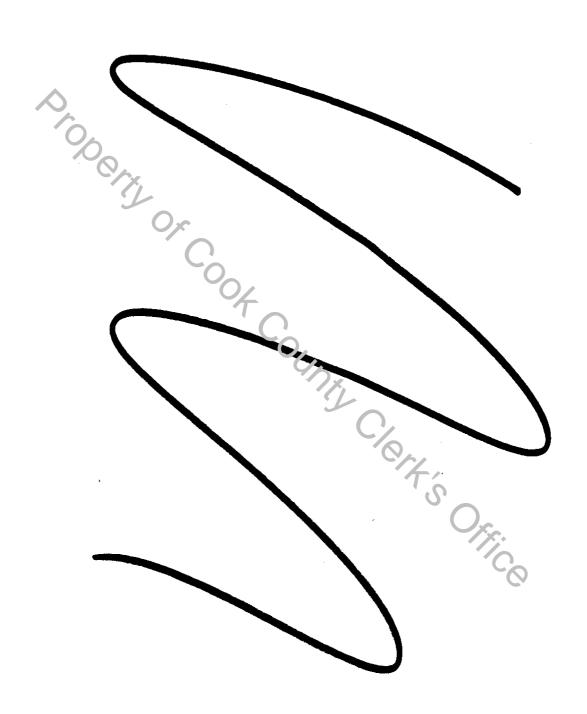
UNOFFICIAL COPY

8	NAME OF FIRST DEBTOR: Same as line 1s or 1b on Financi because individual Debtor name did not fit, check here [***]	ing Statement; if line 1b was left blank	7			
	99. ORGANIZATION'S NAME					
	DDRTC VILLAGE CROSSING L	LC				
0	PR 95. INDIVIDUAL'S SURNAME					
			1			
	FIRST PERSONAL NAME		1			
	ADDITIONAL NAME(S,TINT, IAI (S)	SUFFIX				
0	DEBTOR'S NAME: Provide (10s or 10b) (ilv one additional in	Tobles company O. M.	THE ABOV	E SPACE	IS FOR FILING OF	FICE USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) nly goe additional of do not omit, modify, or abbreviate any part of the Debtor's name) at 10a. ORGANIZATION'S NAME	and enter the mailing address in line 10c	n line 1b or 2b of the	Financing	Stalement (Form UCC1) (use exact, full na
)R	Ox					
•	10b, INDIVIDUAL'S SURNAME				· · · · · · · · · · · · · · · · · · ·	
	INDIVIDUAL'S FIRST PERSONAL NAME	0_	····	·		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0/				
_	MAILING ADDRESS					SUFFIX
١.	MALLING ADDRESS	cn	······································	STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SECURED PARTY'S NAME or	1001010		<u> </u>		
I	11a. ORGANIZATION'S NAME	ASSIGNOR SECURED FARTY	S NAME: Provide	only <u>one</u> na	me (11a or 11b)	
-						
,		· (/)				
ì	11b. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	<u>.</u>	ADDITIO	VAL NAME(S)/INITIAL(:	S) SUFFIX
	11b. INDIVIOUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	<u>C</u> /			
c .	MAILING ADDRESS		C		NAL NAME(S)/INITIAL(S) SUFFIX
c .			C			
c.	MAILING ADDRESS		C			
c .	MAILING ADDRESS		C			
c .	MAILING ADDRESS		C		POSTAL CODE	
a .	MAILING ADDRESS		C			
2.	MAILING ADDRESS				POSTAL CODE	
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral):	СІТУ	Co		POSTAL CODE	
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	CITY Toled) in the 14. This FINANCING STATEM	~	STATE	POSTAL CODE	COUNTRY
3. A	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral):	CITY Toled) in the 14. This FINANCING STATEM		STATE	POSTAL CODE	
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest):	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
o. 7	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
o. Air	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
o. 7	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
o. 7	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY
N. C. A.	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest): E EXHIBIT A ATTACHED HERETO AND	city Toled) in the 14. This FINANCING STATEM covers timber to be cu item 16 16. Description of real estate:	~	STATE	POSTAL CODE	COUNTRY

1409122111 Page: 3 of 5

UNOFFICIAL COPY

EXHIBIT A SEE ATTACHED



UNOFFICIAL COPY

PARCEL 1:

THAT PART OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, BOUNDED AND DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33; THENCE SOUTH 00 DEGREES 01 MINUTES 46 SECONDS EAST ALONG THE WEST LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 1,319.54 FEET TO THE SOUTHWEST CORNER OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33: THENCE NORTH 89 DEGREES 38 MINUTES 00 SECONDS EAST ALONG THE SOUT! I INE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 371.93 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION, THENCE NORTH 00 DEGREES 22 MINUTES 00 SECONDS WEST PERPENDICULAR TO THE SOUTH LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 603.35 FEET; THENCE NORTH 89 DEGREES 40 MINUTES 37 SECONDS EAST 211.15 FEET; THENCE NORTH 00 DEGREES 09 MINUTES 20 SECONDS V.E3T 28.01 FEET; THENCE NORTH 89 DEGREES 50 MINUTES 40 SECONDS EAST 27.84 FEET, THENCE NORTH 00 DEGREES 09 MINUTES 20 SECONDS WEST 45.44 FEET; THENCE NOR CH 89 DEGREES 50 MINUTES 40 SECONDS EAST 21.87 FEET; THENCE SOUTH 00 DEGREES 2) MINUTES 08 SECONDS EAST 7.52 FEET; THENCE NORTH 89 DEGREES 37 MINUTES 52 SECONDS EAST 261.83 FEET; THENCE SOUTH 00 DEGREES 18 MINUTES 43 SECONDS EAST 2.25 FEET; THENCE NORTH 89 DEGREES 41 MINUTES 15 SECONDS EAST 69 07 FEET; THENCE NORTH 00 DEGREES 36 MINUTES 19 SECONDS WEST 57.15 FEET; THENCE NORTH 89 DEGREES 42 MINUTES 50 SECONDS EAST 300.38 FEET; THENCE SOUTH 00 DECREES 40 MINUTES 36 SECONDS EAST 211.18 FEET; THENCE NORTH 89 DEGREES 28 MUJUTES 16 SECONDS EAST 258.94 FEET TO THE WESTERN RIGHT-OF-WAY LINE OF CAPPENTER ROAD (DEDICATED BY DOCUMENT NUMBER 17743593); THENCE SOUTH 00 DEGREES 15 MINUTES 08 SECONDS EAST ALONG SAID WESTERN RIGHT-CV-WAY LINE 512.91 FEET TO THE SOUTH LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33; THENCE SOUTH 89 DEGREES 38 MINUTES 00 SECONDS WEST ALONG SAID SOUTH LINE 1151.23 FEET TO THE POINT OF BEGINNING.

PARCEL 2:

THAT PART OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33; THENCE SOUTH 00 DEGREES 01 MINUTES 46 SECONDS EAST ALONG THE WEST LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 50.00 FEET TO THE SOUTHERN RIGHT-OF-WAY LINE OF TOUHY AVENUE (DEDICATED BY DOCUMENT NUMBER 11333778) AND TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING SOUTH 00 DEGREES 01 MINUTES 46 SECONDS EAST ALONG THE WEST LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 1,269.54 FEET TO THE SOUTHWEST CORNER OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33; THENCE NORTH 89 DEGREES 38 MINUTES 00 SECONDS EAST ALONG THE SOUTH LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 371.93

UNOFFICIAL COPY

FEET; THENCE NORTH 00 DEGREES 22 MINUTES 00 SECONDS WEST PERPENDICULAR TO THE SOUTH LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER OF SAID SECTION 33 A DISTANCE OF 603.35 FEET; THENCE NORTH 89 DEGREES 40 MINUTES 37 SECONDS EAST 211.15 FEET; THENCE NORTH 00 DEGREES 09 MINUTES 20 SECONDS WEST 28.01 FEET; THENCE NORTH 89 DEGREES 50 MINUTES 40 SECONDS EAST 27.84 FEET; THENCE NORTH 00 DEGREES 09 MINUTES 20 SECONDS WEST 45.44 FEET; THENCE NORTH 89 DEGREES 50 MINUTES 40 SECONDS EAST 21.87 FEET; THENCE SOUTH 00 DEGREES 22 MINUTES 08 SECONDS EAST 7.52 FEET; THENCE NORTH 89 DEGREES 37 MINUTES 52 SECONDS EAST 261.83 FEET; THENCE SOUTH 00 DEGREES 18 MINUTES 43 SECONDS EAST 2.25 FEET; THENCE NORTH 89 DEGREES 41 MINUTES 15 SECONDS EAST 69.07 FEET; THENCE NORTH 00 DEGREES 36 MINUTES 19 SECONDS VEST 57.15 FEET; THENCE NORTH 89 DEGREES 42 MINUTES 50 SECONDS EAST 300.38 FEET; THENCE SOUTH 00 DEGREES 40 MINUTES 36 SECONDS EAST 211.18 FEET; THENCL NORTH 89 DEGREES 28 MINUTES 16 SECONDS EAST 258.94 FEET TO THE WESTERN KIGUT-OF-WAY LINE OF CARPENTER ROAD (DEDICATED BY DOCUMENT NUMBER 17743593); THENCE NORTH 00 DEGREES 15 MINUTES 08 SCONDS.

OUTHWESTERIN

ARPENTER ROAD AND

8033767); THENCE NORTH 56 DE

FRANSITIONAL RIGHT-OF-WAY LINE.

SOUTHERN RIGHT-OF-WAY LINE OF TOUR.

36 MINUTES 40 SECONDS WEST ALONG SAID SOU.

1,488.23 FEET TO THE POINT OF BEGINNING. SECONDS WEST ALONG SAID WESTERN RIGHT-OF-WAY LINE 737.20 FEET TO THE 18033767); THENCE NORTH 56 DEGREES 39 MINUTES 25 SECONDS WEST ALONG SAID

10-33-101-08 10-33-101-086