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		1415718 2 51				
ICC FINANCING STAT				'18051 Fee: \$4		
NAME & PHONE OF CONTACT		Karen A.\	ee:\$9,00 RPRF Fee: \$1.00 Yarbrough			
. SEND ACKNOWLEDGMENT TO:	: (Name and Address)		Cook County Recorder of Deeds Date: 06/06/2014 11:42 AM Pg: 1 of 2			
Г						
Village Bank & T 234 West Northy		1				
Arlington Height						
			ACE IS FO	OR FILING OFFICE L	SE ONLY	
1a. ORGANIZATION'S NAME	L NAME - insert only <u>one</u> debtor name ((1a or 1b) - do not abbreviate or combine names				
n 1	OF PANDHURST, INC		_			
R 16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
MAILING ADDRESS	Θ_{x}	СІТҮ	STATE	POSTAL CODE	COUNTR	
176 RANDHURST VI		MT. PROSPECT	IL	60056	USA	
ADD'L INFO RE 10. TYPE OF OR SANIZATION ORGANIZATION CORPORATION		•	1g. ORGANIZATIONAL ID#, If at 68410762		ny ∏⊾	
ADDITIONAL DEBTOR'S EXACT		d'untor name (2a or 2b) - do not abbreviate or combine				
28. ORGANIZATION'S NAME						
R 25. INDIVIDUAL'S LAST NAME		FIRST MARE	MIDDLE NAME SUFFIX			
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR	
SEE INSTRUCTIONS ADD'L INFORGANIZ DEBTOR		2f. JURISDICTION OF CASANIZATION	2g. ORG	. SANIZATIONAL ID #, If ar	ny I	
SECURED PARTY'S NAME (or 3a, ORGANIZATION'S NAME	NAME of TOTAL ASSIGNEE of ASSIGN	IOR S/P) - insert only one secured party nar.e (or 3b)				
VILLAGE BANK &	t TRUST	4/2				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
: MAILING ADDRESS		CITY	STAT £	IP STAL CODE	COUNTR	
: MAILING ADDRESS 234 WEST NORTHWEST HIGHWAY		ARLINGTON HEIGHTS	IL	160904	USA	

1415718051 Page: 2 of 2

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UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and back) C.					
9. NAME OF FIRST DEBTOR (1a or 1b) Of		TEMENT			
9a. ORGANIZATION'S NAME					
OR EGGSPERIENCE OF RA	NDHURST, INC.				
96, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
000			THE ABOVE SPACE	IS FOR FILING O	FFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL	I FCAL NAME - insert only one r	name (11a or 11b) - do not abbrev	riate or combine names		
11a. ORGANIZATION'S NAME	$O_{\mathcal{K}}$				
OR 11b. INDIVIDUAL'S LAST NAME	C	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0,	CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION 11g. ORG	SANIZATIONAL ID#	if any NONE
12. ADDITIONAL SECURED PARTY	S 💇 🗌 ASSIGNOR S/P'S	NAME - in art only one name	(12a or 12b)		
12a. ORGANIZATION'S NAME		46			
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers time collateral, or is filed as a fixture filing. 14. Description of real estate:	per to be cut or as-extracted	16. Additional collateral descri	ption:		
•)sc.	
				17CO	
				Cv	
Name and address of a RECORD OWNER of ab Debtor does not have a record interest):	ove-described real estate (if				
Eggsperience of Randhurst,	Inc.				
176 Randhurst Village		17. Check only if applicable ar	nd check <u>only</u> one box.		
Mt. Prospect, IL 60056			Trustee acting with respect to pro	perty held in trust	or Decedent's Estate
		18. Check only if applicable an			
		Debtor is a TRANSMITTIN			
		I II	Manufactured-Home Transaction	l	
		Filed in connection with a l		l Einemeiet Celub	