## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT

FOLLOW IN 31 RUCTIONS

3400 Dundee Road, Suite 180

44684185

4. COLLATERAL: This financing statement covers the following collateral:

A. NAME & HONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		
B. E-MAIL CONTÂCT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15798 - BEACON	
CT Lien Solutions	44684185	
P.O. Box 29071 Glendale, CA 91209-9071	ILIL	
	FIXTURE	ı
File with Cook II		



Doc#: 1424739023 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 09/04/2014 09:53 AM Pg: 1 of 2

	File With: Cook, IL	THE ABOV	THE ABOVE OF ACE IS TOXITICING OF FICE COST OFF					
		b) (use exact, full name; do not omit, modify, or abbreviate and and provide the Individual Debtor information in item 10						
	1a. ORGANIZATION'S NAME NORTH SUBURBAN YOUN MEN'S CHRI				· .			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
1c.	MAILING ADDRESS	ату	STATE	POSTAL CODE	COUNTRY			
27	05 Techny Road	Northbrook	111	60062	USA			
	za ORGANIZATION'S NAME	and provide the individual Debtor information in item 10						
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY			
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY): Provide only one Secur at R	Pa ty name (3a or 3	Sb)				
	3a. ORGANIZATION'S NAME Beacon Funding Corporation		0.					
OR	3ь. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	7,20mic	DNAL NAME(SYNITIAL(S)	SUFFIX			
3c. MAILING ADDRESS		СІТҮ	ST, TE	POSTAL CODE	COUNTRY			

Northbrook

For informational purposes only - The equipment listed below plus all additions, accessions, substitutions, attachments, and replacements:(1) HVAC EQUIPMENT; (1) HVAC EQUIPMENT

	SC Y	,
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative  6b. Check only if applicable and check only one box:	•
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:	
Public Singage Transaction Manufactured Home Transaction A Debter in a Transmitting I William	Agricultural Lian Non-LICC Filing	

Seller/Buyer

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor 8. OPTIONAL FILER REFERENCE DATA

North Suburban Youn Men's Christian

Bailee/Bailor

600£2

USA

Licensee/Licensor

BFC10666-01

1424739023 Page: 2 of 2

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. NA be	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen cause Individual Debtor name did not fit, check here	nt; if line 1b was left b	lank				
	9a, ORGANIZATION'S NAME						
ļ	NORTH SUBURBAN YOUN MEN'S CHRISTIAN A	SSUCIATION					
OR	9b. INDIVIDUAL'S SURNAME	***					
	FIRST PERSONAL NAME	*-					
	ADDITIONAL NAME(S)VINITIAL(S)		SUFFIX				
						IS FOR FILING OFFIC	
0. D	DEBTOR'S NAME: Provide (10a or 10b) of V the additional Debtor na	ame or Debtor name t	hat did not fit in I	ine 15 or 25 of the Fin	ancing St	atement (Form UCC1) (use	exact, full name;
d	o not omit, modify, or abbreviate any part of the Duotor's name) and enter 10a. ORGANIZATION'S NAME	the mailing address i	THINE TOC	<del>-</del>	_		
	0.0					alt. V	
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME	0				<del>-</del>	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7			*		SUFFIX
10c	: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
			0,		<u> </u>		
11.	ABBITTOTEL GEOGRAP	SIGNOR SECURE	ED P. P. Y'S I	NAME: Provide only	one nam	e (11a or 11b)	
	11a. ORGANIZATION'S NAME			2			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	0,	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
110	c. MAILING ADDRESS	СПҮ		(0)	STATE	POSTAL CODE	COUNTRY
			<del></del>		<del>/</del>		
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				9,	Office	
				-		CV .	
13.	This FINANCING STATEMENT is to be filed [for record] (or recorde REAL ESTATE RECORDS (if applicable)		NANCING STAT		-extracted	collateral 🔀 is filed as	a fixture filing
15.	Name and address of a RECORD OWNER of real estate described in i (if Debtor does not have a record interest):	Parcel II	otion of real esta D: 00-008-0000	te:			
		FEET O	F THE NORT	TH 485.55 FEET ECTION 16, TOV	OF LOT	FEET OF THE SOU 12 IN SCHOOL TRU 42 NORTH, RANGE K COUNTY, ILLINOIS	ISTEES 12, EAST OF

Beacon Funding Corporation

17. MISCELLANEOUS: 44684185-IL-31 15798 - BEACON FUNDING