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JCC FINANCING STATEMENT OLLOW INSTRUCTIONS					
A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5	5294	1	42801303	4	
B. E-MAIL CONTACT AT FILER (optional)		Doc#: 1 RHSP Fee:	428013 \$9.00 BP	034 Fee: \$46.00 RF Fee: \$1.00	
SPRFiling@cscinfo.com		Karen A.Ya	rbrough		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	[Cook Coun	ty Record	er of Deeds	
92010367 - 369850		Date. 10/0/	72014 11:	12 AM Pg: 1 of 5	
Corporation Service Company 801 Adlai Stevenson Urive					
Springfield, IL 62703	Filed In: Illinois				
_ 'O_	(Cook)				_
DEBTOR'S NAME: Provide only o e or btor name (1a or 1b) (use ex	weet full pame; do not emit medi			OR FILING OFFICE USE	
	provide the Individual Debtor info				
1a. ORGANIZATION'S NAME BUCHANAN ENERGY (N), LLC				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	MC	TADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
ID INDIVIDUALS SURVAINE	FIRST PERSONAL NA	IAIC	Abbine	MANE MANUE (O) METIAE(O)	301111
MAILING ADDRESS 4973 DODGE STREET	CITY		STATE	POSTAL CODE	COUNTR
	ОМАНА		NE	68132	USA
MAILING ADDRESS 4973 DODGE STREET	CITY	×.	STATE	TPOSTAL CODE	COUNTR
MAILING ADDRESS 49/3 DUDGE STREET			1	68132	USA
	OMAHA		NE		1034
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO		only one Secured Party))	USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	DR SECURED PARTY): Provide		name (3a or 3))	USA
3a. ORGANIZATION'S NAME CORPORATION SERVIC	DR SECURED PARTY): Provide	PRESENTAT	name (3a or 3	DNAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME CORPORATION SERVIC	DR SECURED PARTY): Provide E COMPANY, AS RI	PRESENTAT	name (3a or 3)	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME CORPORATION SERVIC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O.	PR SECURED PARTY): Provide E COMPANY, AS RI	EPRESENTATI ME	NAME (3a or 3)	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME CORPORATION SERVIC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. OX2309uccsprep@cscinfo.com	PR SECURED PARTY): Provide E COMPANY, AS RI FIRST PERSONAL NA CITY SPRINGFIELI	EPRESENTATI ME	name (3a or 3)	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME CORPORATION SERVIC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. OX2309uccsprep@cscinfo.com COLLATERAL: This financing statement covers the following collatera	PR SECURED PARTY): Provide E COMPANY, AS RI FIRST PERSONAL NA CITY SPRINGFIELI	EPRESENTATI ME	NAME (3a or 3)	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME CORPORATION SERVIC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. OX2309uccsprep@cscinfo.com COLLATERAL: This financing statement covers the following collatera PARCEL NUMBER: 07-16-200-031-0000	PR SECURED PARTY): Provide E COMPANY, AS RI FIRST PERSONAL NA CITY SPRINGFIELI	EPRESENTATI	ADDITIO	IPOSTAL CODE 62703	SUFFIX COUNTF USA
3a. ORGANIZATION'S NAME CORPORATION SERVIC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. OX2309uccsprep@cscinfo.com COLLATERAL: This financing statement covers the following collateral PARCEL NUMBER: 07-16-200-031-0000 This is a precautionary filing in case the equipress of the equipress o	PR SECURED PARTY): Provide E COMPANY, AS RI FIRST PERSONAL NA CITY SPRINGFIELI	EPRESENTATI	ADDITIO	IPOSTAL CODE 62703	SUFFIX COUNTF USA
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3a. ORGANIZATION'S NAME CORPORATION SERVICE 3b. INDIVIDUAL'S SURNAME . MAILING ADDRESS P.O. OX2309uccsprep@cscinfo.com COLLATERAL: This financing statement covers the following collatera PARCEL NUMBER: 07-16-200-031-0000 This is a precautionary filing in case the equipres fixture. Fixture Filing to be filed in the Real Estate Rec Some of the equipment covered by this statem See the Addendum and/or Exhibit "A" for the of See Legal Description attachment for name of	FIRST PERSONAL NA CITY SPRINGFIELI ment described on the cords. hent is or may become lescription of Equipmer record owner, and lescription and lescription of the cords.	e addendum are affixed to the ent.	ADDITION S ATE IL	POSTAL CODE 6 2703 bibit "A" is consider	SUFFIX COUNTR USA
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3a. ORGANIZATION'S NAME CORPORATION SERVICE BY SERVICE SURVINE SURVIN	FIRST PERSONAL NA CITY SPRINGFIELI ment described on the cords. hent is or may become lescription of Equipme record owner, and less RD., HOFFMAN E	e addendum are e affixed to the ent. gal description STATES, IL 60	ADDITION S ATE IL Real Proof Real I	POSTAL CODE 6 2703 bibit "A" is consider	SUFFIX COUNTR USA
C. MAILING ADDRESS P.O. BOX2309uccsprep@cscinfo.com COLLATERAL: This financing statement covers the following collatera PARCEL NUMBER: 07-16-200-031-0000 This is a precautionary filing in case the equipr fixture. Fixture Filing to be filed in the Real Estate Rec Some of the equipment covered by this statem See the Addendum and/or Exhibit "A" for the d See Legal Description attachment for name of Property Location: SITE #505, 615 W. HIGGIN Supplier: Stenstrom Petroleum Services Group	FIRST PERSONAL NA CITY SPRINGFIELI ment described on the cords. hent is or may become lescription of Equipmer record owner, and lescription. IS RD., HOFFMAN E	e addendum are affixed to the ent. ESTATES, IL 60	name (3a or 3) VE ADDITION S ATE IL Of Real I O169 Deing administ b. Check gnly	IPOSTAL CODE 62703 iibit "A" is consider operty.	SUFFIX COUNTR USA ed to be

1428013034 Page: 2 of 5

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater because Individual Debtor name did not fit, check here □	ment; if line 1b was left b	lank				
9a. ORGANIZATION'S NAME						
BUCHANAN ENERGY (N), LLC						
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INIH/ (S)	su	JFFIX				
			THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
0. DEBTOR'S NAME: Provide (10a or 10p) only one additional Debtor n			line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use	e exact, full name
do not omit, modify, or abbreviate any part of the Dehtor's name) and ente	er the mailing address in	ine 10c				
10a. ORGANIZATION'S NAME						
DR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME			The state of the s			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	9/4					SUFFIX
INDIVIDUAL 3 ADDITIONAL NAME(3)	'					JOHN
0c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURE	PARTY'S	S NAME: Provide of	only <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME						
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			4/0			
1c. MAILING ADDRESS	CITY		CV,	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Invoice No: 2361001				S		
07 WAYNE BLENDING 3 PRODUCT DISPENSI	ERS WITH HAN	√GING H	ARDWARE			
01 WAYNE BLENDING 4 PRODUCT DISPENS				ITE GF	RADE CONVERS	ION
DISPENSER 1/2 SERIAL NUMBER: 56240C					10	
DISPENSER 3/4 SERIAL NUMBER: 56251C						
DISPENSER 5/6 SERIAL NUMBER: 52475C					C	
·						
 This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)) in the 14. This FINAN			autrantad	collateral is filed as a	a fistura filipa
5. Name and address of a RECORD OWNER of real estate described in item		of real estate:		extracted	Collaterat V is filed as a	a tixture ming
(if Debtor does not have a record interest):	PARCEL	NUMBEF	R: 0 7- 16-200-	-031-0	000	
	Property L	_ocation:				
	615 W. HI		RD.			
			ES, IL 60169	a		
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7 MICOCILIANICOLIO	1					
17, MISCELLANEOUS:						

1428013034 Page: 3 of 5

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UCC FINANCING STATEMENT ADDENDUM

OLLOWINSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	t; if line 1b was left b	lank				
9a. ORGANIZATION'S NAME						
BUCHANAN ENERGY (N), LLC						
BOCHANAN ENERGY (N), EEG						
DR 9b. INDIVIDUAL'S SURNAME						
SU. INDIVIDUAL S SURVAINE						
FIRST PERSONAL NAM®						
THOT ENGONAL NAME						
ADDITIONAL NAME(S)//NITI/_L(S)	Isi	JFFIX				
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A DEPTODIC MANE A 1974		1 5 1 1 5 5			S FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) c ny one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 	∌ or Debtor name tha e mailing address in	it did not fit in lin line 10c	e 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	e exact, full name
10a. ORGANIZATION'S NAME	s maining accires an	ine roc				
IDA. ORGANIZATIONS INAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME) .					
	<u></u>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
0c. MAILING ADDRESS	CITY	>		STATE	POSTAL CODE	COUNTRY
		4				
1. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURE	C PARTY'S	NAME: Provide o	only <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR				· · · · · · · · ·		
11b. INDIVIDUAL'S SURNAME	FIRST PERSON	AAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>	STATE	IPOSTAL CODE	COUNTRY
1c. MAILING ADDRESS	CITY			SIAIE	POSTAL CODE	COUNTRY
				<u> </u>		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): DISPENSER 7/8 SERIAL NUMBER: 50149C				9,		
DISPENSER 9/10 SERIAL NUMBER: 50148C						
					150	
DISPENSER 11/12 SERIAL NUMBER: 50147C						
DISPENSER 13/14 SERIAL NUMBER: 50150C					'C	
DISPENSER 15/16 SERIAL NUMBER: 56253C					-(2)	
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 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 		timber to be cut		-extracted of	rollateral is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16	16. Description		covers as-	extracted	collateral is filed as	a lixture ming
(if Debtor does not have a record interest):	, o, oasanpaan	or roar secure.				
17. MISCELLANEOUS:						

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

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LICC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	Financing Statement; if line 1b was	s left blank				
9a. ORGANIZATION'S NAME	<u> </u>					
BUCHANAN ENERGY (N), LLC						
9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
TINGT LENGUINE NAME						
ADDITIONAL NAME(S)/INITIA_(S)		SUFFIX				
DEBTOR'S NAME DU IN 180	deff and Dubbana Dubbana	and the state of Falls			S FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 100) or .; one ac do not omit, modify, or abbreviate any part of the Debtor's			line 1b or 2b of the Fin	iancing Si	tatement (Form UCC1) (us	e exact, full nam
10a. ORGANIZATION'S NAME)~					
R 10b. INDIVIDUAL'S SURNAME						
	Ci					
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7					SUFFIX
c. MAILING ADDRESS	CITY),	8	STATE	POSTAL CODE	COUNTRY
I. ADDITIONAL SECURED PARTY'S NAME	or ASSIGNOR SEC	URED PARTY	NAME: Provide on	ly <u>one</u> na	Me (11a or 11b)	
11a. ORGANIZATION'S NAME		77				,
R 11b. INDIVIDUAL'S SURNAME	FIRST PE	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			4/2			
	CITY			STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	Ç.II i		-//			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			4	0		
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2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): PLUS ALL REPLACEMENT PARTS,	SUBSTITUTIONS, AE		TTACHMENT			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): PLUS ALL REPLACEMENT PARTS, UPGRADES, REVISIONS, NEW VER	SUBSTITUTIONS, AERSIONS, ENHANCEM	ENTS, ACCE	TTACHMENT ESSORIES AN	ID TH	PROCEEDS 1	HEREOF
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): PLUS ALL REPLACEMENT PARTS, UPGRADES, REVISIONS, NEW VER 3. This FINANCING STATEMENT is to be filed [for recorded and address of a RECORD OWNER of real estate of the state of the	SUBSTITUTIONS, AERSIONS, ENHANCEM	ENTS, ACCE	TTACHMENTS ESSORIES AN	ID TH	PROCEEDS 1	
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REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate of the state of the	SUBSTITUTIONS, AERSIONS, ENHANCEM	ENTS, ACCE	TTACHMENTS ESSORIES AN	ID TH	PROCEEDS 1	HEREOF
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1428013034 Page: 5 of 5

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505

SITE # 13275 615 W HIGGINS RD., HOFFMAN ESTATES, IL. TAX PARCEL NUMBER: 07-16-200-031-0000

PARCEL '

LOT 2 IN MOBIL'S SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN;

ALS0

PARCEL 2

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 FOR INGRESS
AND EGRESS OVER AND UPON LOTS 5 AND 6 IN MOBIL'S SUBDIVISION
AFORESAID AS CREATED BY DEED RECORDED FEBRUARY 24, 1971 AS
DOCUMENT 21405416, ALL IN COOK COUNTY, ILLINOIS.