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| JCC FINANCING STATEMENT OLLOW INSTRUCTIONS   |  | 1434514165   |                      |   |                         |
|--|--|--|----------------------|---|-------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529   | )4   | Doc#: 1  | 1 <b>43</b> 4        | 51 <b>9165 Fee</b> : \$46<br>RPRF Fee: \$1.00               | 5.00                    |
| B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com   |  | Karen A.Ya   | arbrou               |   |                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |  |                      | 4 03:40 PM Pg: 1 o  | f 5                     |
| 94185164 - 332550  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 627,3   | Filed In: Illinois   |  |                      |   |                         |
|  | (Cook)   |  |                      |   |                         |
| DEBTOR'S NAME: Provide on, one Debtor name (1a or 1b) (use exact,  | full pomo: do oot amit madifi  | THE ABOVE SPACE  | E IS FC              | R FILING OFFICE USE   | ONLY                    |
| name will not fit in line 1b, leave all of iter . 'b ank, check here and prov  | vide the Individual Debtor informatio  | poreviate any part of the<br>n in item 10 of the Final | e Debtoi<br>ncing St | 's name); if any part of the li<br>atement Addendum (Form U | ndividual Dei<br>CC1Ad) |
| 1a. ORGANIZATION'S NAME Patel Brothers of Schaumbur  |  |  |                      |   | · ·                     |
| Tb. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME  | A  | OITIO                | NAL NAME(S)/INITIAL(S)                                      | SUFFIX                  |
| MAILING ADDRESS 8110 N. Saint Louis Avenue   | Skokie   |  | TATE                 | POSTAL CODE<br>60076  | COUNTR                  |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use excut, name will not fit in line 2b, leave all of item 2 blank, check here and provided in the control of the c | ame; do not omit, modify, or al  | obreviate any part of the                              | Debtor               | 's name); if any part of the Ir<br>atement Addendum (Form U | idividual Deb<br>CC1Ad) |
| 2a. ORGANIZATION'S NAME  |  |  |                      |   | <u> </u>                |
| 2b. INDIVIDUAL'S SURNAME   | FIRST PEF SON AL NAME  | A  | DDITIO               | NAL NAME(S)/INITIAL(S)                                      | SUFFIX                  |
| MAILING ADDRESS  | CITY   | s  | TATE                 | POSTAL CODE   | COUNTRY                 |
|  | FCURED PARTY): Provide only one  | Seci an Party name /                                   | 20.05.25             |   |                         |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE   | STATE OF THE STATE | 2 ook , iled 1 arty hame (.                            | 32 01 30             | )   |                         |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE<br>3a. ORGANIZATION'S NAME MB FINANCIAL BANK, N.A.  |  |  |                      |   |                         |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SE  3a. ORGANIZATION'S NAME MB Financial Bank, N.A.  3b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME  | 0  | DDITIO               | NAL NAME(S)/INITIAL(S)                                      | SUFFIX                  |

| 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:       |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy                                 | er Bailee/Bailor Licensee/Licensor                         |
| 8. OPTIONAL FILER REFERENCE DATA: :Cook Cty, IL (REF: CML-3461A01) - MR  | 94185164   |

1434519165 Page: 2 of 5

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#### UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Patel Brothers of Schaumburg LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL ' AME ADDITIONAL NAME(S)/IN' (IAL'S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a of 10x) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY ASSIGNOR SECURE O FARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a, ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): All that certain Equipment described on Exhibit "A" attached hereto and made a part hereof which now or hereafter may be affixed to, placed in or used in connection with the real property described more fully on Exhibit "B" attached hereto and made a part hereof. This is a fixture filing to be recorded in the real estate records. (ref: CML-3461A01)

17. MISCELLANEOUS:

1434519165 Page: 3 of 5

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#### Exhibit "A"

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#### <u>UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1</u>

Debtor Corporate Address

8110 N. Saint Louis Avenue, Skokie, IL 60076

**Property Location** 

Various locations (and any subsequent locations)

Description of Property Covered:

ITEM

QTY SETAL

DESCRIPTION

All equipment and other person at property and all modifications and additions thereto and replacements and substitutions therefor, in whole or in part, now or hereafter covered by that certain Lease Schedule No. 3461A01, to Master Lease No. CML-3461A, between Celtic Leasing Corp., as Lessor, and Patel Brothers of Schaumburg, LLC, as Lessee. Said equipment is expected to include, but is not limited to, the items listed below, as foliows:

VENDOR(S): to be determined

1.-? various

Items of Equipment expected to include: miscellaneous furniture and fixtures including shelving, POS system, counters, freezers and refrige rators, and/or other related and/or accessory property. Items 1. and on shall be enumerated and described in furnier detail, including location and vendor name, at a later date on the related applicable Acceptance Certificate(s).

Including all attachments and accessories thereto, and all proceeds thereof, including proceeds in the form of goods, accounts, chattel paper, documents, instruments, contract rights and general intangibles.

This filing is for precautionary purposes in connection with a leasing transaction and is not to be construed as indicating that the transaction is other than a true lease.

1434519165 Page: 4 of 5

### **UNOFFICIAL CC**

#### Exhibit "B"

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

Debtor Corporate Address: 8110 N. Saint Louis Avenue, Skokie, IL 60076

**Property Location** 830 W. Golf Road, Schaumburg, IL 60194

Description of Property Covered:

ITEM OTY SZRIAL NO. DESCRIPTION

LEGAL DESCRIPTION OF REAL PROPERTY AS FOLLOWS:

\*\*\*See Attached\*\*\*

Including all attachments and accessories thereto, and all proceeds thereof, including proceeds in the form of goods, accounts, chattel paper, documents, instruments, contract rights and general intangibles.

1434519165 Page: 5 of 5

## NOFFICE

#### Legal Description 830 W. Golf & 815-839 Higgins

That part of the East ½ of the Southwest ¼ of Section 9, Township 41 North, Range 10, East of the Third Principal Meridian, described as follows:

Commencing at the Southeast corner of said Southwest 1/4; thence northward along the East line of said Southwest 1/4, with a bearing of North 00 Degrees 21 Minutes 42 Seconds East, a distance of 53,10 feet to a point on a line being 70.00 feet North of and parallel with the centerline of Golf P.o.d thence westward along the said parallel line with a bearing of South 86 Degrees 59 Minutes 45 Seconds West, a distance of 215.07 feet to the point of beginning; thence continuing westward along the said parallel line with a bearing of South 86 Degrees 59 Minutes 45 Seconds West, a distract of 495.86 feet; thence northward along a line being perpendicular to the said centerline of Goff Road, with a bearing of North 03 Degrees 00 Minutes 15 Seconds West, a distance of 523.97 text to a point on the southerly right of way line of Higgins Road; thence eastward along the said southerly line with a bearing of South 71 Degrees 59 Minutes 46 Seconds East, a distance of 443.06 feet; thence South 18 Degrees 00 Minutes 14 Seconds West, a distance of 147.48 feet; thence South 71 Degrees 59 Minutes 46 Seconds East; a distance of 202.84 feet; thence North 86 I egrees 59 Minutes 45 Seconds East; a distance of 129.86 feet to a point on the West line of Salem Drive; thence southward along the said West line with a bearing of South 00 Degrees 21 Minutes 42 S could West, a distance of 20.00 feet; thence South 86 Degrees 59 Minutes 45 Seconds West, a instance of 150.00 feet; thence South 53 Degrees 51 Minutes 38 Seconds West, a distance of 31.05 feet thence South 00 Degrees 21 Minutes 42 Seconds West, a distance of 118.00 feet to the point of beginning, in Cook County, Illinois DE COPTS OFFICE

PINs: 07-09-301-012-0000 and 07-09-301-013-0001