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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/14/2015 11:36 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Ridgestone Bank SBA Loans 13925 West North Avenue Brookfield, Wisconsin 53005

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
MINDS OVER MATTER COMMUNITY CHILDCARE CENTER, INC.				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS				
91 WEST 154TH STREET		HARVEY	IL 60426	USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		CORPORATION	ILLINOIS	67349253 <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS					
		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
					<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
RIDGESTONE BANK				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS				
13925 WEST NORTH AVENUE		BROOKFIELD	WI 53005	USA

4. This FINANCING STATEMENT covers the following collateral:

All tangible and intangible assets and property rights of the Debtor, whether now owned or hereafter acquired, including, but not limited to: (a) all accounts, chattel paper, deposit accounts, documents, equipment, fixtures, general intangibles, instruments, inventory, and investment property; (b) the real property and improvements known as 91 West 154th Street, Harvey, Cook County, Illinois 60426, as further described on the UCC Financing Statement Addendum attached hereto and made a part hereof (collectively, "Property"); (c) all rights, benefits, profits, rents and other monies payable under, by reason of, or with respect to, any contracts of sale, leases or other agreements relating to the Property or any part thereof; and (d) all proceeds and products of any of the above. Some of the above described collateral may be located on or affixed to the Property.

Minds Over Matter Childcare Center, Inc. is the record owner of the Property.

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum						
7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [OPTIONAL FEE]						
8. OPTIONAL FILER REFERENCE DATA						

JT/27513 SBA Loan No. 36740860-00 To Be Filed with the Cook County Recorder of Deeds

Vertical stamp: S V, P a, S N, W, SCY, E, INT.

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
MINDS OVER MATTER COMMUNITY CHILDCARE CENTER, INC.		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

Section 18, Township 36 North, Range 14, East of the third principal meridian, in Cook County, Illinois, except that part of said Lot 19 taken by the Department of Transportation of the State of Illinois in Case No. 87 I 50565 and described as follows: That part of said Lot 19 described as beginning at the southeast corner of said Lot 19; thence on an assumed bearing of South 89 degrees 59 minutes 18 seconds West along the South line of said Lot 19 a distance of 26.00 feet; thence North 39 degrees 05 minutes 21 seconds East 41.24 feet to the East line of said Lot 19; thence South 00 degrees 00 minutes 00 seconds West along said East line 32.00 feet to the Point of Beginning.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Minds Over Matter Childcare Center, Inc.
91 W. 154th Street
Harvey, IL 60426

16. Additional collateral description:

PIN Nos.: 29-18-219-034-0000 (Lot 19) ✓
29-18-219-035-0000 (Lot 20)
29-18-219-036-0000 (Lot 21)
29-18-219-037-0000 (Lot 22)
29-18-219-038-0000 (Lot 23)
29-18-219-039-0000 (Lot 24)
29-18-219-040-0000 (Lot 25)
29-18-219-041-0000 (Lot 26)
29-18-219-042-0000 (Lot 27)
29-18-219-043-0000 (Lot 28)

Street Address: 91 West 154th Street, Harvey, Cook County, IL 60426

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years