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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

OLLOW MOTHER TOTAL	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	24996 - AMERICAN
CT Lien Solutions	51975011
P.O. Box 29071 Glendale, CA 91209 <i>9</i> 071	ILIL
	FIXTURE
File with: Crox, IL	



Doc#: 1601139019 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 01/11/2016 09:38 AM Pg: 1 of 3

		FIXTURE	THE ABOVE SPACE IS F	OR FILING OFFICE US	E ONLY
nan	File with: COUK, IL. BTOR'S NAME: Provide only one Debtor, an e (1a or 1 ne will not fit in line 1b, leave all of item 1 blank, the chere	b) (use exact, full name; do not omit, modify and provide the Individual Debtor infor	or abhaviate any part of the Debto	r's name); if any part of the l	ndividual Debtor
ļ	Norridge Cardinal Liquors, LLC Ib. Individual's surname	FIRST PERSONAL NAME		ADDITIONAL NAME(S)ANITIAL(S)	
<u> </u>	AILING ADDRESS	COTY	STATE	1	USA
	01 N. Harlem Avenue EBTOR'S NAME: Provide only one Debtor name (2a or	Norridge	IL_	60706	
	2a, ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSON**. (4* /	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
	AALLING ADDRESS	сту	STATE	POSTAL CODE	COUNTRY
	ECURED PARTY'S NAME (or NAME of ASSIGNEE of Security o	(ASSIGNOR SECURED PARTY): Provide of	only one Secu ed Pa ty name (3a or	3b)	
OR	American Community Bank & Trust 35. INDMIDUAL'S SURNAME	FIRST PERSONAL NAM	ADDIT	TONAL NAME(SYINITIAL(S)	SUFFIX
	1	CITY	STAT	POSTAL CODE	COUNTRY
		Į GIT			
•	MAILING ADDRESS 290 Lake Avenue	Woodstock	IL	600/8	USA

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instrumer's (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other rights before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property; all good will relating to the orange of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property

Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) 66	oing administered by a Decedent's Personal Representative	V
Check only if applicable and check only one box: Collateral is held in a Trust (see OCC TAG, near 17 data and Check only one box: Collateral is 66	b. Check only if applicable and check only one box:	7
. Check only if applicable and check only one box:	Agricultural Lien Non-UCC Filing	Ţ
Public-Finance Transaction Maintacture Transaction Seller/Buver	Bailee/Bailor Licensee/Licensor	,
ALTERNATIVE DESIGNATION (if application).	_	
OPTIONAL FILER REFERENCE DATA:	14850	,
1975011 csh	Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282	

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

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ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State cause Individual Debtor name did not fit, check here	ement; if line 1D was left blank				
9a, ORGANIZATION'S NAME					
Norridge Cardinal Liquors, LLC					
9b. INDRVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(SYNITTAL(S)	SUFFIX	THE ABOVE	SPACE I	S FOR FILING OFF	ICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) ont, on additional Del	otor name or Debtor name that did not fit in	line 1b or 2b of the Fin	ancing Stat	ement (Form OCC) (C	SE EXACT, IOII FIBERO,
DEBTOR'S NAME: Provide (104 of 105) or 25/20/20 port onto omit, modify, or abbreviate any part of the Diobto's name) and 10a. ORGANIZATION'S NAME	enter the maining address in line 100				
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	0/				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	10		T	POSTAL CODE	COUNTRY
DO: MAJLING ADDRESS	CITY		STATE		
ADDITIONAL SECURED PARTY'S NAME &	ASSIGNOR SECURED PARTY	NAME: Provide only	one name	(11a or 11b)	
118. ORGANIZATION'S NAME					
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	C	ADDITION	IAL NAME(SYMITIAL(S)	SUFFIX
1c. MAKING ADDRESS	СІТУ	G/Z	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			S (
				Co	
(or morell (or	recorded) in the 14. This FINANCING ST	ATEMENT:			
 This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) 	WARIS BILLOUI TO		s-extracted	collateral X is file	d as a fixture filing
15. Name and address of a RECORD OWNER of real estate descriptions of the state description of t					_
(if Debtor does not have a record interest): Stanley D. Kupiszewski, Jr.	13-18-120-0	02-0000 and	13-1	8-120-014-0	000
3070 White Ibis Way					
Tallahassee, FL 32309	Lot 3 and the Pontarelli's	Industrial Su	bdivis	ion, peing a	Official
	of part of the	e South Half	or the	18, Townshi	n of North
		۱			

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Debtor: Norridge Cardinal Liquors, LLC

Exhibit for Real Estate

16. Description of real estate:

Continued

Cook County, Illinois

Property of Cook County Clark's Office