UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) SomerCor 504, Inc 312-360-3300	, , , , , , , , , , , , , , , , , , ,
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
SOMERCOR 504, INC.	
601 S. LASALLE STREET, SUITE 510	•
CHICAGO, IL 60605	



Boc# 1710039255 Fee \$42.00

. E-MAIL CONTACT AT FILER (optional)		RHSP FEE:\$9.00 RPRF FEE: \$1.00		
0.0540.404404		KAREN A.YARBROUGH		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		COOK COUNTY RECORDER OF DEEDS		
SOMERCOR 504, INC.	71	DATE: 04/10/2017 01:26 PM PG	: 1 OF 3	
601 S. LASALLE STREET, SUITE 510				
CHICAGO, IL 60605		•		
	1			
	THE A	BOVE SPACE IS FOR FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of i.em 11 lank, check here and provide only one of the order of	full name; do not omit, modify, or abbreviat ide the Individual Debtor information in item	te any part of the Debtor's name); if any part of the name of the Financing Statement Addendum (Form I	Individual Debtor's JCC1Ad)	
18. ORGANIZATION'S NAME AP 1218 WASHINGTON L'C			,,	
TE. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
1218 WASHINGTON AVENUE	WILMETTE	IL 60091	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use exa i. 1			<u> </u>	
name will not fit in line 2b, leave all of item 2 blank, check here and prov	or (n) Individual Debtor information in item	n 10 of the Financing Statement Addendum (Form t	JCC1Ad)	
28. ORGANIZATION'S NAME A. PERRY BUILDERS, LLC	40			
OR 25. INDIVIDUAL'S SURNAME	FIRST , FPSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
0. 444 00 APPPER				
2c. MAILING ADDRESS 1218 WASHINGTON AVENUE	WILMET TE	IL 60091	COUNTRY	
			USA	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide only 219 Securi	ed Party name (3a or 3b)		
3a, ORGANIZATION'S NAME				
3a. ORGANIZATION'S NAME	TION	/_		
38. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA' 3b. INDIVIDUAL'S SURNAME	TION FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
38. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA	········	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS	FIRST PERSONAL NAME	ST. 1.7 POSTAL CODE	COUNTRY	
OR Ja. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA Jb. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 601 S. LASALLE STREET, SUITE 510	FIRST PERSONAL NAME	4		
3a. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA' 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 601 S. LASALLE STREET, SUITE 510 4. COLLATERAL: This financing statement covers the following collateral:	FIRST PERSONAL NAME CITY CHICAGO	STATE POSTAL CODE CO605	COUNTRY	
OR Jab. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA Jab. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 601 S. LASALLE STREET, SUITE 510 4. COLLATERAL: This financing statement covers the following collateral: All Equipment, Furniture, and Fixtures now owned	CHICAGO or hereafter acquired, wher	STATE POSTAL CODE C9605 ever located, together with all rep	COUNTRY USA	
OR 3a. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 601 S. LASALLE STREET, SUITE 510 4. COLLATERAL: This financing statement covers the following collateral: All Equipment, Furniture, and Fixtures now owned substitutions, attachments, additions, thereof, or for any of the foregoing and all proceeds relating to any	city CHICAGO or hereafter acquired, wher use in connection therewith	ever located, together with all reg, including records of any land re	COUNTRY USA placements,	
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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
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consigner Seller/Buy	ver Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: SBA # 70509350-10 // ML# 3775	

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here	nt; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
AP 1218 WASHINGTON, LLC	į			
, , , , , , , , , , , , , , , , , , , ,				
OR 9b. INDIVIDUAL'S SURNAME				
ap INDIVIDUAL 2 SURNAME				
FIRST PERSONAL NAME	1000			
ADDITIONAL NAME(S)/INITIAL/S)	SUFFIX			
		THE ADOME COACE		
10. DERTOR'S NAME: Provide (10c. 10), and and different Patters are	and Caberra and the did not fix in the		IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a / 10r) only one additional Debtor name do not omit, modify, or abbreviate any part (1) Debtor's name) and enter the 		ie 16 or 26 of the Financing	Statement (Form UCC1) (use	e exact, full name;
10a. ORGANIZATION'S NAME		,		
A. PERRY DESIGNS AND JUILDS, P.C.	1			
OR 10b. INDIVIDUAL'S SURNAME			•	
<u> </u>				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	0,			SUFFIX
	4			
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1218 WASHINGTON AVENUE	WILMETTE	IL	60091	USA
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNMENT	SNOR SECURED PARTY'S	NAME: Provide only one	name (11a or 11b)	
11a. ORGANIZATION'S NAME SOMERCOR 504, INC.	70x.			
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	[ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
7.8. M. 8.7.12.0 CO. M. M. M. C.	THOU PENDONAL WANTE		OHAL HAML(O)MITTAL(O)	301112
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
601 S. LASALLE STREET, SUITE 510	CHICAGO	C/A IL	60605	USA
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		17/	* ***	
		΄.Ω		
			, C	
			C	
42 7 This Financial Contact Month is to be find the accordance in a	he 14. This FINANCING STATEM	-NT.		
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in t REAL ESTATE RECORDS (if applicable) 	covers timber to be cut		collateral is filed as a	- Cotos Clina
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate:	Covers as-extracted	Collateral [M] is then as a	a lixtore illing
(if Debtor does not have a record interest):				
CONTROL ARREST		ID 1.4		
COMMON ADDRESS:	See Exhibit "A" Legal Description			
1218 Washington Avenue				
Wilmette, IL 60091				
17. MISCELLANEOUS:				

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EXHIBIT "A" LEGAL DESCRIPTION

THE SOUTHERLY 10 FEET OF THE WESTERLY 40 FEET OF LOT 4 AND THE WESTERLY 40 FEET OF LOT 5 IN BLOCK 2 IN VILLAGE OF WILMETTE, A SUBDIVISION OF THE WEST 63.55 CHAINS OF THE NORTH SECTION OF QUILMETTE RESERVATION IN SECTION 34, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#: 05-34-100-035-0000

COMMON ADDRESS: 1218 WASHINGTON AVENUE, WILMETTE, IL 60091

