

UCC FINA	NCING	CTATEM	ENT	
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<b>FOLLOW</b>	INSTRU	JCTIONS
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A. NAME & PHONE OF CONTACT AT FILER (optional)	
Kristin L. Dunlap, Esq.	
B. E-MAIL CONTACT AT FILER (optional)	•
kdunlap@hmblaw.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Kristin L. Dunlap, Esq.	$\neg$
Horwood Marcus & Berk, Chartered	'
500 West Madison Street, Suite 3700	
Chicago, Illinois 50661	_
( )	

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Doc# 1911434111 Fee \$42,00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

EDUARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/24/2019 04:02 PM PG: 1 OF 3

	THE ABO	VE SPACE IS FOR FILING OF	FICE USE ONLY
1. DEBTOR'S NAME: Provide or roor Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of ite not blank, check here and provided in the notation of the n	t, full name; do not omit, modify, or abbreviate al ovide the Individual Debtor information in item 10		
1a. ORGANIZATION'S NAME 6677 N. LINCOLN LLC			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/	INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL COD	E COUNTRY
3318 W. DEVON AVENUE	LINCOLNWOOD	IL 60712	USA
2a. ORGANIZATION'S NAME	odo, tra Individual Debtor information in item 10		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/	NITIAL(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL COL	DE COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only one Squared	Party name (3a or 3b)	
3a. ORGANIZATION'S NAME  NSQUARED LENDER LLC			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/	INITIAL(S) SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL COL	DE COUNTRY
900 W. VAN BUREN STREET, STE. 105	CHICAGO	il 69607	USA
4. COLLATERAL: This financing statement covers the following collateral:	•	Ux.	•

ALL OF DEBTOR'S TANGIBLE AND INTANGIBLE ASSETS AND PROPERTIES, WHEREVER, J OCATED, WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OR HEREAFTER ACQUIRED OR OWNED, LICENSED, LEASED, BAILED OR CONSIGNED BY DEBTOR.

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 only if applicable and check only 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 Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 18067.008 - Cook County Recorder of Deeds	

# **UNOFFICIAL COPY**

### **UCC FINANCING STATEMENT ADDENDUM**

LLOW INSTRUCTIONS							
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S	Statement; if line 1b wa	s left blank					
because Individual Debtor name did not fit, check here							
9a. ORGANIZATION'S NAME							
6677 N. LINCOLN LLC							
9b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL AME							
ADDITIONAL NAME(S)/INT (IAL S)		SUFFIX					
70_			THE ABOVE	SPACE IS	FOR FILING	G OFFICE U	SE ONLY
DEBTOR'S NAME: Provide (10a or 10L) or ly one additional Deb do not omit, modify, or abbreviate any part of the "Lightor's name) and			e 1b or 2b of the F	inancing St	atement (Form	UCC1) (use ex	kact, full name:
10a. ORGANIZATION'S NAME	s enter the maining add	eas in line 100					
TOD. STOCKINE TOTAL							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME	0						
	<u> </u>						T
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4						SUFFIX
: MAILING ADDRESS	ICITY	<del></del>		STATE	POSTAL COD	E	COUNTRY
		· ^					
				1			
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SEC	URED PARTY'S	NAME: Provide r	noly one nar	ne (11a or 11h	۸	
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SEC	CURLD / ARTY'S	NAME: Provide o	only <u>one</u> nar	ne (11a or 11b	)	
11a. ORGANIZATION'S NAME	ASSIGNOR SEC	CURLD PARTY'S	NAME: Provide o				
		EURLD PARTY'S	NAME: Provide o		ne (11a or 11b		SUFFIX
11a. ORGANIZATION'S NAME		11/2	NAME: Provide o	ADDITION		NITIAL(S)	SUFFIX
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  5. MAILING ADDRESS	FIRST P	11/2	NAME: Provide o	ADDITION	NAL NAME(S)/I	NITIAL(S)	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	FIRST P	11/2	NAME: Provide of	ADDITION	NAL NAME(S)/I	NITIAL(S)	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  5. MAILING ADDRESS	FIRST P	11/2	NAME: Provide of	ADDITION	NAL NAME(S)/I	NITIAL(S)	
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11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  5. MAILING ADDRESS	FIRST P	11/2	NAME: Provide o	ADDITION	POSTAL COD	NITIAL(S)	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  5. MAILING ADDRESS	FIRST P CITY	ERSONAL NAME	C C	STATE	POSTAL COD	NITIAL(S)	COUNTRY
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS) (if applicable)	FIRST P CITY	ERSONAL NAME  FINANCING STATEME covers timber to be cut	C C	ADDITION	POSTAL COD	NITIAL(S)	COUNTRY
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	CITY  crowded) in the 14. This item 16 16. Description	FINANCING STATEME covers timber to be cut cription of real estate:	ENT:	STATE	POSTAL COD	NITIAL(S)	COUNTRY
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral):  . ADDITIONAL SPACE FOR ITEM 4 (Collateral):  . REAL ESTATE RECORDS (if applicable)  . Name and address of a RECORD OWNER of real estate described in	CITY  crowded) in the 14. This item 16 16. Description	ERSONAL NAME  FINANCING STATEME covers timber to be cut	ENT:	STATE	POSTAL COD	NITIAL(S)	COUNTRY
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International Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

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#### **EXHIBIT "A"**

#### LEGAL DESCRIPTION

LOT 15 (EXCEPT THE NORTHWESTERLY 10 FEET) AND ALL OF LOTS 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 AND 26 IN BLOCK 2 IN LINCOLN GARDENS, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF FRACTIONAL SECTION 35, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Common Address: 6677 N. Lincoln Avenue, Lincolnwood, Illinois 60712

PINs: 10-35-301-030-0000

10-35-301-046-0000 10-35-301-066-0200