Doc#. 2312119005 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 05/01/2023 09:12 AM Pg: 1 of 5

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | Da | te: 05/01/2023 09:12 | AIVIPG: 10 | 10 | |
|--|------------------------|-----------------------------|-----------------|---|------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| CSC 1-800-858-5294 | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| 1 — | $\neg \mathbf{I}$ | | | | |
| 2543 82956 CSC | l | | | | |
| 801 Adlai Stevenson Drive | | | | | |
| Springfield, IL 62703 Filed | d In: Illinois | | | | |
| | (Cook) | | | | |
| | | THE ABOVE S | PACE IS FO | R FILING OFFICE USE O | ONLY |
| 1. DEBTOR'S NAME: Provide only and abtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of them.) blank, check here | | | | 's name); if any part of the Inc atement Addendum (Form UC | |
| 1a. ORGANIZATION'S NAME ABRAHAW GAS MART INC. | | | | | |
| OB | | | | | |
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL I | NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Ux | | | | | |
| 1c. MAILING ADDRESS 1990 MANNHEIM RD | DES PLAINE | S | STATE IL | POSTAL CODE 60018 | USA |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exart of the control of the contr | | | | | |
| | #.e 'dividual Debtor i | nformation in item 10 of th | e Financing Sta | atement Addendum (Form UC | C1Ad) |
| 2a. ORGANIZATION'S NAME | | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PER SON AL I | NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 20. INDIVIDUAL & SUNTANIL | TIKOT FEITGONALT | ANNE | ADDITIO | MAC MANUE (O)/MATCHAE(O) | 301117 |
| 2c. MAILING ADDRESS | CITY | <u></u> | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU | RED PARTY); Provid | e only one Se ureo Party | name (3a or 3b | <u></u> .)} | |
| 3a. ORGANIZATION'S NAME INTERNATIONAL BANK OF CH | HICAGÓ | ーしァ | | | |
| OR | | 10 | | | |
| 36. INDIVIDUAL'S SURNAME | FIRST PERSONAL I | NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | 14.6 | T | |
| 3c. MAILING ADDRESS 5069 N. BROADWAY | CHICAGO | | OT) TE | POSTAL CODE | USA |
| A COLLATEDAL THE | | | 12 | | |
| 4. COLLATERAL: This financing statement covers the following collateral: All inventory, equipment, accounts (including but not I | limited to all h | ealth-care-insura | ance rece | ivables), chattel pa | aper, |
| instruments (including but not limited to all promissory | y notes), letter | of-credit rights, | letters of | credic accuments | , deposit |
| accounts, investment property, money, other rights to | | • | • | | • |
| not limited to all software and all payment intangibles) | | | | | |
| minerals and accounts constituting as-extracted collat | - | • | - | · | - |
| accessories, fittings, increases, tools, parts, repairs, s | | | | | |
| and all additions, replacements of and substitutions for | • • | • | • • | • ' | |
| relating to the foregoing property; all good will relating software relating to the foregoing property, and all equ | | | | | |
| process any such records and data on electronic med | • | • | | | |
| all whether now existing or hereafter arising, whether | | | | | |
| subject to any rights in the foregoing property; and all | | • | | | |
| 3 3 | - | • | - | | |
| 5. Check only if applicable and check only one box: Collateral is held in a Trust (| (see UCC1Ad, item 17 | and Instructions) | eina administe | red by a Decedent's Persona | I Representative |
| 6a. Check only if applicable and check only one box: | ,coo oco ma, itelii 17 | | | if applicable and check <u>only</u> o | |
| Public-Finance Transaction Manufactured-Home Transaction | A Debtor is a 1 | ransmitting Utility | | tural Lien Non-UCC | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor | Consignee/Consignor | Seller/Buyer | ☐ Bai | ilee/Bailor Licens | see/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: 76996 | | | | | 0540 0005 |

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

| FOLLOW INSTRUCTIONS | | | | | |
|--|----------------------------------|-------------------------|-----------|----------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here | f line 1b was left blank | | | | |
| 9a. ORGANIZATION'S NAME | | | | | |
| ABRAHAM GAS MART INC. | | | | | |
| ABRAHAWI GASIMART INC. | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | | | | | |
| AD' IMPINIDUAL 2 SUKNAME | | | | | |
| FIRST PERSONAL NAME | | | | | |
| ADDITIONAL NAME(SYINIT, AL'S) | SUFFIX | | | | |
| 10 DEPTOD'S NAME, Devide 110 and 110 have additional Debter and | - Dahan mass that did not fit in | | | IS FOR FILING OFFICE | |
| 10. DEBTOR'S NAME: Provide (10a or 10% or 10 one additional Debtor name or do not omit, modify, or abbreviate any part of the Cobror's name) and enter the n | | line 10 or 20 of the Fi | nancing & | statement (Form UCC1) (use | exact, tull name; |
| 10a. ORGANIZATION'S NAME | | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |) | | | | SUFFIX |
| | τ_{\sim} | | | | |
| 10c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN | IOR SECURE) FARTY'S | S NAME: Provide o | nly one n | ame (11a or 11b) | |
| 11a, ORGANIZATION'S NAME | 7% | , | , = | | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIO | ONAL NAME(S)/INITIAL(S) | SUFFIX |
| 11c. MAILING ADDRESS | CITY | 0 | STATE | POSTAL CODE | COUNTRY |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | <u> </u> | | |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): payments) of or relating to the foregoing property. | | | a, | | |
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| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This FINANCING STATE! | | 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 | | | | |
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| 1990 MANNHEIM RD | THE SOUTHEAST | | | | |
| DES PLAINES, IL 60018 | OF SECTION 29, | | | | |
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| | SOUTH LINE OF 1 | INE NOKTHE | ASI | QUARTER OF SA | מוט |
| 17. MISCELLANEOUS: | | | | | |
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| FOLLOW INSTRUCTIONS | | | | |
|--|---------------------------------|-----------------------------|--------------------------------------|---------------------|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here | ent; if line 1b was left blank | | | |
| 9a. ORGANIZATION'S NAME | | | | |
| ABRAHAM GAS MART INC. | | | | |
| | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | | | | |
| | | | | |
| FIRST PERSONAL NAME | | | | |
| ADDITIONAL NAME(SYINIT, ALTS) | SUFFIX | | | |
| O DEPTODIS NAME OF THE PROPERTY OF THE PROPERT | Daharana Makatida aktida aktida | | CE IS FOR FILING OFFICE | |
| 10. DEBTOR'S NAME: Provide (10a or (♥), o, ly one additional Debtor nation do not omit, modify, or abbreviate any part of the Sobror's name) and enter | | line 1b or 2b of the Financ | oing Statement (Form UCC1) (us | e exact, full name; |
| 10a. ORGANIZATION'S NAME | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| | <u></u> | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | 4 | | | SUFFIX |
| 0c. MAILING ADDRESS | CITY | STA | ATE POSTAL CODE | COUNTRY |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSI | IGNOR SECURED FARTY'S | 2 NAME: Basida anti- | (44445) | |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSI | IGNOR SECURED / ARTIS | NAME. Provide only o | ine name {IIa or IIb} | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADD | DITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | TS 1000T41 000S | 0011117001 |
| 1c. MAILING ADDRESS | СІТУ | STA | TE POSTAL CODE | COUNTRY |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | |
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| | | | U _x | |
| | | | | |
| | | | Office | |
| | | | C | |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) | the 14. This FINANCING STATEM | MENT: | | |
| 5. Name and address of a RECORD OWNER of real estate described in item 19 | covers timber to be o | | cted collateral is filed as | a fixture filing |
| (if Debtor does not have a record interest): | ' | | INE OF THE RIGHT | OF WAY |
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| | 175 FEET; THENC | | HEIM ROAD, A DIST | TANCE OF |
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| | | | ORTH LINE OF HOV | |
| | | | VEST OF THE INTE EIM ROAD WITH TH | |
| | // | | | |
| 17. MISCELLANEOUS: | | | | |
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| 9. NAME OF FIRST DEBTOR: Sam because Individual Debtor name did r | ne as line 1a or 1b on Financing Statement; if not fit, check here —— | fline 1b was left blank | | | | |
|---|---|-------------------------------|--|--------------------|---|--|
| 9a. ORGANIZATION'S NAME ABRAHAM GAS MAR' | T INC. | | | | | |
| | | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | 1 | | | |
| FIRST PERSONAL NAME | | | 1 | | | |
| ADDITIONAL NAME(S)INIT, AL | (6) | SUFFIX | THE ABOVE | CDACE | IS FOR EU INO OFFI | OF HEE ONLY |
| | la or 10', or ly <u>one</u> additional Debtor name or | | • | | IS FOR FILING OFFI Statement (Form UCC1) | |
| 10a. ORGANIZATION'S NAME | ny parco are support mane) and enter the m | maining address in time 100 | | | | |
| 10b. INDIVIDUAL'S SURNAME | | | | | | |
| INDIVIDUAL'S FIRST PERSON | NAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL N | AME(S)/INITIAL(S) | 7 | | | | SUFFIX |
| ic. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| . ADDITIONAL SECURED | PARTY'S NAME or ASSIGN | OR SECURED FART | /'S NAME: Provide | only <u>one</u> na | | |
| 11a. ORGANIZATION'S NAME | | 77 | ζ, | | , | |
| _ | | | | | | |
| 11b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | C | ADDITIO | ONAL NAME(S)/INITIAL(| S) SUFFIX |
| 11b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | C | STATE | POSTAL CODE | S) SUFFIX COUNTRY |
| 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM | vi 4 (Collateral): | | C | | . , | ` |
| 11b. INDIVIDUAL'S SURNAME | M 4 (Collateral): | | Cy | | . , | ` |
| 115. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM | vi 4 (Collateral): is to be filed [for record] (or recorded) in the | CITY 14. This FINANCING STAT | | STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 3. This FINANCING STATEMENT REAL ESTATE RECORDS (if a | is to be filed [for record] (or recorded) in the pplicable) WNER of real estate described in item 16 | СІТУ | e cut covers as- te: RD AVENUE; ED LINE TO TI CE EAST ALO UE AND 33 FU HEAST QUAR | ET NOTER, A | CE SOUTH ALCORTH LINE OF THE NORTH OF THE DISTANCE OF | as a fixture filing DNG THE HOWARD E OF SOUTH LINI F 101 FEET |

| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): 16. Description of real estate: 17. WOWN AS 1990 MANNHEIM RD, DES PLAINES, IL 60018. THE REAL PROPERTY TAX IDENTIFICATION NUMBER IS 09-29-229-009-0000. | FOLLOW INSTRUCTIONS | | | | | |
|--|---|-----------------------------------|-------------------------|--------------|---|-----------------|
| ABRAHAM GAS MART INC. OR 36. BIONIDUAL'S SUPIMALE FRST PERSONAL NAME ADDITIONAL NAME(SYMPINAL'S) 10. DESTOR'S NAME: Provide (156 or 100 (56 yr gg)) additional Debtor name or Debtor name that do not fill line (15 or 25 of the Frienching Statement (From UCCI) (use exact, Mr not not int, modify, or abherinal say part 2-file (blogs'r name) and enter the mailing address in line (10) OR TIDL INDIVIDUAL'S SURNAME NOMIDUAL'S RIGHT PERSONAL NAME NOMIDUAL 'S RIGHT PERSONAL NAME NOMIDUAL 'S RIGHT PERSONAL NAME NOMIDUAL 'S RIGHT PERSONAL N | | f line 1b was left blank | | | | |
| OR GR. INDIVIDUAL'S SURPAME FIRST PERSONAL NAME. ADDITIONAL NAME(SYNTTOLICS) DESTOR'S NAME. Provide (10) or 100 (6) your additional Debtor name or Debtor name and doft not fit in the 1s or 2b of the Financing Statement (Form UCC1) (see eased, full not on a continuous and only or abstraction ery part of the displayer's name) and enter the making address in line 1c. Too. ORGANICATIONS NAME NOWIDUAL'S RISTS PERSONAL NAME NOWIDUAL'S FIRST PERSONAL NAME NOWIDUAL'S RISTS PERSONAL NAME NOWIDUAL'S RISTS PERSONAL NAME NOWIDUAL'S RISTS PERSONAL NAME NOWIDUAL'S RISTS PERSONAL NAME NOWIDUAL'S SURNAME FREST PERSONAL NAME: Provide selly Gas name (11 sor 11b) The ORGANICATION'S NAME FREST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME of PROVIDED PARTY'S NAME: Provide selly Gas name (11 sor 11b) The ORGANICATION'S NAME FREST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME The MALINIO ACCRESS GITY STATE POSTAL CODE COUNTR 12. ADDITIONAL SECURED FOR ITEM 4 (Collaterall): The REAL ESTATE RECORDS (Ill applicable) The REAL ES | 9a. ORGANIZATION'S NAME | | | | | |
| FIRST PERSONAL NAME ADDITIONAL NAME(S)INSTRAL(S) 10. DEBTOR'S NAME: Provide (100 or 100/58 by cap additional Debter name or Debter name or Debter name and did not fin line to or 2b of the Financing Statement (Form UCC1) (use exact, fill not do not one, mostly, or abhoritional systems and part of the mailing address in line (1c) 10b. RORGANIZATION'S NAME ROMIDUAL'S SURSIAME INDIVIDUAL'S SURSIAME ROMIDUAL'S SURSIAME ROMID | ABRAHAM GAS MART INC. | | | | | |
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| ADDITIONAL NAME (SYMPTRALES) DESTOR'S MANE: Provide (10s or 10s), 50 year assistional Debtor name or Debtor same that did not Rt in line 15 or 25 of the Financing Statement (Form UCC1) (use exact, Ma rid do not not, exactly, or abbreviate any part (xins, 2-3004 x 1sams) and enter the realing address in fine 10c This, ORGANIZATION'S NAME NOMIDUAL'S SURNAME NOMIDUAL'S SURNAME NOMIDUAL'S SURNAME NOMIDUAL'S ADDITIONAL NAME(SYMPTRALIS) OR. MILLING ADDRESS OTY STATE POSTAL CCOR. COUNTR 11. ADDITIONAL SECURED PARTY'S NAME at ASSIGNOR SECURED SARTY'S NAME: Provide only gaze name (11s or 11s) 11th, ORGANIZATION'S NAME This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME FRST PERSONAL NAME ADDITIONAL NAME(SYMPTIALIS) SUFFIX This INDIVIDUAL'S SURNAME THIS INDIVIDUAL NAME(SYMPTIALIS) THIS INDIV | 96. INDIVIDUAL'S SURNAME | | | | | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (108 or 10), or page additional better name or Debtor name that did not fin inne to or 26 of the Friendring Statement (Form UCC1) (side exact, stall rid on of contil, modify, or abbreviation any part of this player's name) and enter the mailing address in line 10c 10s. NORWDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 11c. MAILING ADDRESS OTY STATE POSTAL CODE COUNTR 11ti. NORWDUAL'S SURNAME FIRST PERSONAL NAME: Provide only coat name (11s or 11b) 11ti. MAILING ADDRESS OTY STATE POSTAL CODE COUNTR 11ti. NORWDUAL'S SURNAME FIRST PERSONAL NAME: Provide only coat name (11s or 11b) 11ti. MAILING ADDRESS OTY STATE POSTAL CODE COUNTR 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. Mailing ADDRESS OTY STATE POSTAL CODE COUNTR 15. Name and address of a BECORD OWNER of real estate described in item 15 Name and address of a BECORD OWNER of real estate described in item 15 (If Destroter does not have a record interest): 15. Name and address of a BECORD OWNER of real estate described in item 15 16. Name and address of a BECORD OWNER of real estate described in item 15 17. Name and address of a BECORD OWNER of real estate described in item 15 18. NOWN AS 1990 MANNHEIM RD, DES PLAINES, IL 60018. THE REAL PROPERTY TAX IDENTIFICATION NUMBER IS 09-29-229-009-0000. | FIRST PERSONAL NAME | | | | | |
| 10. DETOR'S NAME: Provide risk of vicinity of part of the financing Statement (Form UCC1) (see exact, Mark do not onal, noodly, or abbreviate any part of the Subtre's name) and order the mailing address in line 10c 10c. INDIVIDUAL'S SURNAME | ADDITIONAL NAME(S)INIT(AL(S) | SUFFIX | | | | |
| 10. DETOR'S NAME. Provide (10% of 10%,0%) you and soften on any or Debtor name o | 0 | | THE ABOVE | SPACE | IS FOR FILING OFFICE | USE ONLY |
| do not omit, motify, or abbreviate any part it file disports name) and enter the mailing address in line 10c Top. NGRANIZATION'S NAME | 10. DEBTOR'S NAME: Provide (10a or 10', 10) by one additional Debtor name of | r Debtor name that did not fit in | | | | |
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| INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINTIAL(S)) 11. MAJUNG ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11s or 11b) 11s. ORGANIZATION'S NAME OR 11s. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINTIAL(S)) SUFFIX 11c. MAJUNG ADDRESS CITY STATE POSTAL CODE COUNTR 12. ADDITIONAL SPACE FOR ITEM 4 (Collisteral): 13. IV This FINANCING STATEMENT is to be field (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) (If Oebtor does not have a record interest): 14. This FINANCING STATEMENT: IV Covers limber to be cut. IV covers as-estimated collisteral IV is filed as a finitive fling (If Oebtor does not have a record interest): 15. Name and address of a RECORD OWNER of real estate described in item 15 (If Oebtor does not have a record interest): 17. Name and address of a RECORD OWNER of real estate described in item 15 (If Oebtor does not have a record interest): 18. NOWN AS 1990 MANNHEIM RD, DES PLAINES, IL 60018. THE REAL PROPERTY TAX IDENTIFICATION NUMBER IS 09-29-229-009-0000. | 10a. ORGANIZATION'S NAME | | | | | |
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| 11. □ ADDITIONAL SECURED PARTY'S NAME or □ ASSIGNOR SECURED FARTY'S NAME: Provide only age name (11s or 11b) 11s. ORGANIZATION'S NAME Individual's surname First personal name ADDITIONAL NAME(SJINITIAL(S) SUFFIX | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | 7 | | | | SUFFIX |
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