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RETURN COPY TO: (Name and Malling Address) Return To: LEXIS DOCUMENT SERVICES 135 S. La Salle, Suite 2260 Chicago, Illinois 60603 DEBTORS EXACT FULL LEGAL MAKE Falling your debtor name (1x or 1b) III. ENTITY'S NAME Beth New Life, Inc. drug My state I be an Plan IDINIVIDUAL'S LAST NAME PITTY SAME BODILL NAME IN THE COUNTRY POSTAL CODE TO THE COUNTRY POSTAL CODE S. S. GRITAXLO & CONTRY SAME PITTY'S STATE OR COUNTRY POSTAL CODE S. S. GRITAXLO & COUNTRY POSTAL CODE S. S. GRITAXLO & COUNTRY POSTAL CODE S. S. GRITAXLO & COUNTRY POSTAL CODE SECURED PARTY'S (CRIGINAL STANME PITS MAME ZO. INDIVIDUAL'S LAST NAME PITS MAME PITS MAME PITS MAME PITS MAME SUFFIX STATE COUNTRY POSTAL CODE SECURED PARTY'S (CRIGINAL STANME) SECURED PARTY'S (CRIGINAL STANME) SECURED PARTY'S (CRIGINAL STANME) FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME SUFFIX SECURED PARTY'S (CRIGINAL STANME) FIRST NAME SUFFIX TO ADDITIONAL SLAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME SUFFIX TO ADDITIONAL SLAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME SUFFIX TO ADDITIONAL SLAST NAME FIRST NAME SUFFIX TO ADDITIONAL SLAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME THE INAMINOS STATEMENT COVERS the Ecility POSTAL CODE AND THE INAMINOS STATEMENT COVERS the Ecility Code of the Property: THE INAMINOS STATEMENT COVERS the Ecility Code of the Property: THE INAMINOS STATEMENT COVERS the Ecility Code of the Property: THE INAMINOS CODE of any like indepting to any of the foregoing; all proceeds relating to any of the foregoing; all procee	A.	Will remain effective, with certain NAME & TEL. # OF CONTACT AT			PFFICE ACCT.# (optional)					
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ADD'NL INFO RE OR COUNTRY OF ORGANIZATION ORGANIZATION	2c. N	AILING ADDRESS		CI	TY	STATE	COUNTRY	POSTAL C	ODE
SECURED PARTY'S (GRIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b) 3. ENTITY'S NAME First Bank of Oek Park OR 3. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME SUFFIX 3. INDIVIDUAL'S LAST NAME STATE COUNTRY POSTAL CODE 60302 1. West Madison St. 4. This Financing Statement covers the following types or items of property: All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, raio substitutions relating any of the foregoing; all records of any kind relating to any of the foregoing; all records or any kind relating to any of the foregoing; all records and accounts proceeds). This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described for estate: Lot 1 (except the South 23 teet 6 inches) in Belhel Hamilin Boulevard Subdivision, being a Resubdivision of part of Lots 3 and 4 in Cur and Runyan's Subdivision of the East 5 acres of the West Half of the Southwest Quarter (lying South of Lake Street) of Section 11, Township North, Range 13 East of the Third Principal Meridian, according to the plat thereof recorded August 21, 1990 as Document 90407755, in Co County, Illinols. 5. CHECK This Financing Statement is to be faculty interest in another iterated in the Part of the Southwest Quarter (lying South of Lake Street) of Section 11, Township North, Range 13 East of the Third Principal Meridian, according to the plat thereof recorded August 21, 1990 as Documentary and Documentary in Name of the County, Illinols. 5. CHECK This Financing Statement is to be fined by the Secural Party instead of the Debtor to particular according to the Financing Statement in the Party instead of the Debtor to particular according to the Party instead of the Debtor to particular according to the Party instead of the Debtor to particular according to the Party instead of the Debtor (particular according t	2d. S	S. OR TAX I.D.#				2g. EN	ITITY'S ORGAN	IIZATIONAL	I,D.#, If any
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(4) DEBTOR COPY — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95)

Property of Cook County Clark's Office

and will remain affective, with certain exceptions, for 5 year A. N. ME' & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT.# (optional)				
A. I. S. C.					
C. RETURN COPY TO: (Name and Mailing Address)					
First Bank of Oak Park 11 West Madison St. Oak Park, IL 60302					
D. OPTIONAL DESIGNATION BIASP-CAME LESSORILESSEE	CONSIGNOR/CONSIGNEE NON-UCC FILING		~		
1. DEBTOR'S EXACT FULL LEGA': NAME - Insert only one	e debtor name (1a or 1b)				
Bethel New Life, Inc. d/b/2 Westside Isalah	Plan				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLI	NAME	S	UFFIX
c. MAILING ADDRESS 167 N. Karlov	Chicago	STATE	COUNTRY	60624	DOE
d. S.S. OR TAXI.D. OPTIONAL 18. TYPE OF ADD'NL INFO RE	ENTITY 11. ENTITY'S STATE OR COUNTRY OF JORGANIZATION	ig. ENT	TY'S ORGAN	IZATIONAL I.	D.#, II any
[ENTITY DEBTOR] ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -					
Za. ENTITY'S NAME	7				
20. INDIVIDUAL'S LAST NAME	FIRS NAM !	MIDDLE	NAME	S	UFFIX
IC. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CO	DDE
d. S.S. OR TAXI.D.# OPTIONAL 29. TYPE OF	ENTITY 21. ENTITY'S STATE	2g. ENT	TY'S ORGAN	IZATIONAL I.	D.#, if any
ADD'NL INFO RE ENTITY DEBTORI	OR COUNTRY OF LORGANIZATION				NONE
SECURED PARTY'S (ORIGINAL SIP OF ITS TOTAL ASS	SIGNEE) EXACT FULL LEGAL NAME - Insert only o. e.s	ecurr d party name (3a	or 3b)		
First Bank of Oak Park	TOP CY MANY	(1000)	- NAAAE	i e	UFFIX
	FIRST NAME	MIDDLE	: NAME	3	UPFIX
35. INDIVIDUAL'S LAST NAME		1 1 1			NE
c. MAILING ADDRESS	CITY	1	COLNTRY	POSTAL CO	JUE
c. MAILING ADDRESS 11 West Madison St.	Oak Park	STATE IL	COLVTRY	60302	
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Property or Coot County Clert's Office