FOL	C FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) CARE NAME & PHONE OF CONTACT AT FILER [optional]	EFULLY			LAKE COUNTY FILED FOR RECORD		
	Phone:(800) 331-3282 Fax: (818) 6	005 0 00830	21	16 SEP - 9 AI	1 8: 58		
В. S	UCC Direct Services P.O. Box 29071	6822050		MICHAEL A. BROWN RECORDER			
	Glendale, CA 91209-9071	ININ FIXTUF					
1. D	File with: Lake, IN DEBTOR'S EXACT FULL LEGAL NAME - insert only of the control o	one debtor name (1			LING OFFICE USE ONLY		
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
	DIAZ		MARISELA		POSTAL CODE	COUNTRY	
	MAILING ADDRESS 12 NORTH KOSTNER		CHICAGO	STATE	60639	COUNTRY	
1d. <u>S</u>	SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	, Inon	
2. A OR	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME 2a. ORGANIZATION'S NAME	E - insert only <u>one</u> d					
	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
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2c. M	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
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2d. <u>S</u>	SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ECURED PARTY'S NAME (or NAME of TOTAL ASS		21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any		
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