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		REQUESTE Cast/e Cre. IN OFFICIAL RE	BORDS I
		Dollat às co.	HEVAD:
		2004 JUN 22	AH : 4
UCC FINANCING STATEMENT		WERNER CHI	RISTEN
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		RECORDI	ER
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		32/ PAID K 2	DEPL
CASTA E CREDIT CORPORATION		\ \	
CASTLE CREDIT CORPORATION 8420 WEST BRYN MAWR SUITE 300	_	_	
CHICAGO, IL 60631			\
L	THE ABOVE SE	PACE IS FOR FILING OFFICE US	EONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or		AGE IST SKYTEMO STYTOL SO	- GILLI
1a, ORGANIZATION'S NAME			
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME PENNIE	MIDDLE NAME	SUFFIX
MIGUEL 1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNT
963 SUNUP CT. 1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	CARSON CITY 1f. JURISDICTION OF ORGANIZATION	NV 89705	
ORGANIZATION DEBTOR		/	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of 2a ORGANIZATION'S NAME	ne debtor name (2a or 2b) - do not abbreviate or combin	e names	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MIGUEL	TONY	MIDDLE NAME	SUFFIX
963 SUNUP CT.	CADCON CUEV	STATE POSTAL CODE	COUNT
2d. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	NV 89705 2g. ORGANIZATIONAL ID #, if any	
DEBTOR			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	(SIP) - Insert only <u>one</u> secured party name (3a or 3b)	· · · · · ·	
CASTLE CREDIT CORPORATION 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c MAILING ADDRESS	OTT	DELLE SPORTAL CORE	00,11,00
8420 WEST BRYN MAWR SUITE 300	CHICAGO	IL 60631	COUNT
4. This FINANCING STATEMENT covers the following collateral:			

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02) International Association of Commercial Administrators (IACA)

ICC FINANCING STATEMENT AD DLLOW INSTRUCTIONS (front and back) CAREFULL				\ \	
. NAME OF FIRST DEBTOR (1a or 1b) ON RELATE 19a. ORGANIZATION'S NAME	O FINANCING STATEMENT]		\ \	
SE. ORGANIZATION S NAME				\ \	
95. INDIVIDUAL'S LAST NAME FIRST NA	ME MIDDLE NAME, SUFFIX	1		/	\
MIGUEL PENN	IE			\	\
).MISCELLANEOUS:			The same of the sa	\	
			· ·		
	_				
			i.		
	_ / /	THE ABOVE SF	ACE IS	FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NA	ME - insert only <u>one</u> name (11a or 11b) - do not ebbre	viate or combine names			
11a, ORGANIZATION'S NAME)			_
R 11b, INDIVIDUAL'S LAST NAME	FIRST NAME		IDDLE NA	ME	SUFFIX
TIS, INDIVIDUACO CAST HAME	FIRST WANTE	/	IDDLE NA	IVIE	SUFFIX
c. MAILING ADDRESS	CITY	Si	TATE IPO	OSTAL CODE	COUNTRY
		* /		001112 0002	Cosimin
d. TAX ID#: SSN OR EIN ADD'L INFO RE 11e. TYPE O	FORGANIZATION 111. JURISDICTION OF ORGA	NIZATION 11	g. ORGAN	NIZATIONAL ID#, if a	ny
ORGANIZATION DEBTOR					No
2. ADDITIONAL SECURED PARTY'S or A	SSIGNOR S/P'S NAME - insert only one name	(12a or 12b)			
12a, ORGANIZATION'S NAME		1	N		_
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	last last	IDDLE NA	мс	louiss
		1	IDDEE NA	WE	SUFFIX
c. MAILING ADDRESS	CITY	Si	TATE JP	DSTAL CODE	COUNTRY
\ \	\	\			
. This FINANCING STATEMENT covers timber to be cut	or as-extracted 16. Additional collateral descr	iption:			_
collateral, or is filed as a 🚺 fixture filing. . Description of real estate:					
		/			
ACCOUNT NUMBER: 1420-07-815-020	\ / /				
112007 013 020					
LEGAL DESCRIPTION OF LAND:					
SUNRIDGE HEIGHTS PH 7B					
Lot 38 Block M					
Total Acres .21					
\)				
\					
	/				
Name and address of a RECORD OWNER of above-describ (if Debtor does not have a record interest):	ed real estate				
(ii Contol does not have a record interest).	T .				
	17. Check <u>only</u> if applicable ar			-	_
	Debtor is a Trust or T		ct to prope	erty held in trust or	Decedent's Esta
	18. Check only if applicable ar				
	Debtor is a TRANSMITTING Filed in connection with a		saction	effective 30 vence	
	H, was in contraction with a		+~00011 →	OUDDING DO YEARS	

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)