DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]				
Michael A. Piette, Esq. 716-250	0-1801			
. SEND ACKNOWLEDGMENT TO: (Name and Address)	_			
Michael A. Piette, Esq. c/o Jaeckle Fleischmann & Mugel, LLP Centerpointe Corporate Park 400 Essjay Road, Suite 320 Williamsville, NY 14221				
		PACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only goe debtot name (18 o	r 1b) - do not abbreviate or combine names			
1a ORGANIZATION'S NAME 927-937 WASHINGTON STREET, LLC			-	
OR 10 INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE NAME		SUFFIX
ID INDIVIDUAL S CAST NAME.				
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
901 Washington Street	Buffalo	NY	14203	USA
ADD'L INFO RE   18. TYPE OF ORGANIZATION	II, JURISDICTION OF ORGANIZATION			
ORGANIZATION limited liability compar	New York			
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one di		ne names	<u> </u>	
28. ORGANIZATION'S NAME				
				Taileani
DR 25, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
			Toology Coop	COLUNTER
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
			<u> </u>	
ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR	S/P) - insert only one secured party name (3a or	3b)		
3a. ORGANIZATION'S NAME				
THE JOHN R. OISHEI FOUNDATION		IMIDDLE	NAME	SUFFIX
OR 35. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	* 12C-Mile*	100.11
3		STATE	POSTAL CODE	COUNTRY
	ound			
One HSBC Center, Suite 3650	Buffalo	NY	14203	USA

All personal property of every kind and description now or hereafter owned by the Debtor or in which the Debtor has an interest (but only to the extent of such interest), situated or to be situated upon or used or intended for use, in connection with the real property (the "Real Estate") commonly known as 927 through 945 Washington Street, Buffalo, New York, together with any renewals, replacements, or additions thereto or substitutions therefor, as well as all proceeds thereof, whether now or hereafter existing, including, without limitation the following (collectively, the "Personal Property"): A. EQUIPMENT, PLANS, ETC.: All of the Debtor's interest in and to all Equipment, Fixtures, Goods, Accessions, materials, supplies, furnishings, Accounts, choses in action, contract rights, Documents, Instruments, Chattel Paper, plans and specifications, reports, studies, professional or technical work product, shop drawings, survey, soil studies, permits, licenses, approvals, warranties, and General Intangibles, located at, arising from, relating to, or used in connection with the Real Estate; B. PROCEEDS: All proceeds (including, without limitation, insurance and condemnation proceeds) as well as all interest earned thereon, paid for any damage done to the Real Estate, or any part thereof, or for any portion thereof appropriated or otherwise taken by an governmental authority, agency, or entity;

6 ALTERNATIVE DESIGNATION III applicable! LESSEE/LESSOR   ICONSIGNER/CONSIGNOR   BAILEE/BAILON   JUDICELIA   JUDIC	-UCC FILING
6 This Financing Statement is to be filed (for record) (or recorded) in the REAL 7 Chack to REQUEST SEARCH REPORT(S) an Deblor(s) All Deblors Deblor 1	Debtor 2
S OPTIONAL SHER REFERENCE DATA	
New York State Secretary of State	

## 000014

A SECTION DEDTOD 11	oack) CAREFULLY 1b) ON RELATED FINANCING STA	TEMENT			
SA ORGANIZATION'S NAME	(B) ON KEEATED CO.				
927-937 WASHINGTON	STREET, LLC				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
BD. HADIAIDOVE 2 EVO ) JASSIE					
MISCELLANEOUS:	······································	ļ			
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			THE ABOVE SPACE!	S FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXAC	OT FULL LEGAL NAME - insett only one	g name (11a or 11b) - do not abbrevia	te of combine names		
11a, ORGANIZATION'S NAME			•		
	<u> </u>	FIRST NAME	MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ì		
		- lary	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS					
	VEO RE 116, TYPE OF ORGANIZATION	111. JURISDICTION OF ORGAN	IZATION 120 OR	CAMZATIONAL ID# II	901/
ORGANI	IZATION	1			
DEBTOR	R	O'S NAME - insert only one name	(12a or 12b)		
2. ADDITIONAL SECURED F	PARTY'S of 1 ASSIGNOR SIT	O (ASSAULT STORY STATE AND ADDRESS OF THE PARTY OF THE PA			
128. ORGANIZATION'S NAME				- Navië	SUFFIX
OR 126 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	OUT IN
120. BYDIVIDOAL O CAO F TENEL			STATE	IPOSTAL CODE	COUNTRY
12c. MAILING ADDRESS		CITY	STATE	POG INE CODE	
IZC. NUMERICA PROGRAMMA		1			1
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13. This FINANCING STATEMENT COV	vers timber to be cut or as-extract	ted 16. Additional collateral descri	lption:	and the letter	ht title and
13. This FINANCING STATEMENT cov	/ers L amount and L		ONTER A CITE. All o	f the Debtor's rig	tht, title and
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