UNOFFICIAL COPY

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b) – do not abbreviate or combine names 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MASON 2c. MAILING ADDRESS 12341 S NAGLE AVE 2d. TAX ID#: S\$N OR EIN ADDIL INFO RE ORGANIZATION 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF JRC ANIZATION 2g. ORGANIZATIONAL ID#, if any NON 3s. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE S/P) – insert only one secured party fame (3a or 3b) 3s. ORGANIZATION'S NAME 1,S.P.C. 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX										
COOK COURDINATOR (813) 490-3400 *1853 COOK COOK COURDINATION (814) 490-3400 *1853 COOK COOK COOK COURDINATION (814) 490-3400 *1853 COOK COOK COOK COURDINATION (814) 490-3400 *1853 COOK COOK COOK COOK COOK COOK COOK COO	C FI	NANCING	STATEMEN	IT CAREELINAY						
LS.P.C. PO BOX 580 ODESSA, FLORIDA 33556-0580 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR'S EXACT FULL LIGAL NAME—mean only one online flag or 191- do not abbreviate or continue named. 1 ORGANIZATION'S NAME. ON SIGNATURAL SIAST NAME. MASON SIAVE POSTAL CODE 11 GORGANIZATION'S NAME. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR'S EXACT FULL LIGAL NAME—mean only one online flag or 181- do not abbreviate or continue manual. ON TOTAL POSTAL CODE OFFI ONLY STATE POSTAL CODE OLIVERY II. GORGANIZATION 19 ORGANIZATION'S NAME. 20 ORGANIZATION'S NAME. 20 ORGANIZATION'S NAME. 20 ORGANIZATION'S NAME. 20 ORGANIZATION'S NAME. 30 ORGANIZATION'S NAME. 31 ORGANIZATION'S NAME. 32 ORGANIZATION'S NAME. 33 SECURED PASTY'S NAME. 34 OFFI ORGANIZATION OF ORGANIZATION 35 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 36 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 36 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 37 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 38 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 39 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 30 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 30 SECURED PASTY'S NAME of TOTAL ASSIGNED OR ASSIGNORE SP)—mean only one security specific security. 30 SECURED PASTY'S NAME of TOTAL OR ASSIGNORE SP)—mean only one security specific security. 31 SECURED PASTY'S NAME of TOTAL OR ASSIGNORE SP)—mean only one security specific security. 31 SECURED PASTY'S NAME of TOTAL OR ASSIGNORE SP)—mean only one security specific security. 31 SECURED PASTY'S NAME of TOTAL SPECIFIC SECURITY. 32 ORGANIZATION IN MEAN of TOTAL OR ASSIGNORE SP)—mean only one security specific security. 33 SECURED PAS	NAME	& PHONE OF CO	NTACT AT FILER (c	ptional]	Coo	k County Re	corder of Deed	S		
PO BOX 580 ODESSA, FLORIDA 33556-0580 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DESTOR'S EXACT FULL LEGAL NAME	SEND	ACKNOWLEDGM	IENT TO: (Name an	d Address)						
DESTOR'S EXACT FULL LEGAL NAME - mised only ong orbitor rame (1a or 1b) - do not abbreviate or combine names 10 ORGANIZATION'S NAME 11 ORGANIZATION NAME 12 ORGANIZATION NAME 12 ORGANIZATION NAME 13 ORGANIZATION NAME 14 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY PREST NAME STEVEN MASON 15 ORGANIZATION NAME 16 ORGANIZATION NAME 17 ORGANIZATION NAME 18 TYPE OF ORGANIZATION NAME 18 TYPE OF ORGANIZATION NAME 19 ORGANIZATION NAME 19 ORGANIZATION NAME 10 ORGANIZATION NAME 10 ORGANIZATION NAME 12 ORGANIZATION NAME 12 ORGANIZATION NAME 13 ORGANIZATION NAME 14 THE PRINT NAME 15 ORGANIZATION NAME 16 ORGANIZATION NAME 17 ORGANIZATION NAME 18 ORGANIZATION NA	ı	PO BOX	580 FLORIDA 3	3556-0580	'					
DEBTORS EXACT FULL LIGAR NAME _ reset only any distor name (1a or 1b) - do not abbreviate or combine names		ODEOOA,	0							
The individual stast name	[10,				OFFICE USE ONL'	<u> </u>		
MASON TEVEN MASON TEVEN MASON TEVEN TOTY PALOS HEIGHTS II. 604631723 US NON ADDITIONAL DESTORS EXACT FULL LEGAL NAME - Insen) only gine debtor name (2a or 2b) - do not abbreviate or combine names FIRST NAME TO REAL PROSTAL CODE TOTY PALOS HEIGHTS III. 60463172 III. 604631	DEBT	OR'S EXACT I 1a. ORGANIZAT	FULL LT GA . NAM TION'S NAME	AE – insert only <u>one</u> debtor nar	me (1a or 1b) - do not abbreviate di compine namos					
C. IMILING ADDRESS 2341 S NAGLE AVE 1 TAX D9 : SNN OR EN ADD. NPO RE The TYPE OF ORG. INZAT DN TE. JURISDICTION OF ORGANIZATION Tg. ORGANIZATIONAL ID. 9, Jerry NON ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - moont Soly Jone debtor name (2 or 2b) go not abbreviate or combine names BY INDIVIDUAL'S LAST NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - MIDDLE NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - MIDDLE NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - SOL INDIVIDUAL'S LAST NAME - MIDDLE NAME - MIDL	OR -		'S LAST NAME			MIDDLE	MODELMAN			
d. TAXID #: SSN OR EIN ADDITIONAL DEBTOR PRE ORGANIZATION IN TYPE OF ORGANIZATION IN THE ORGANIZATION IN T	. MAIL 2341	ING ADDRESS	AVE	Ox	PALOS HEIGHTS	IL	604631723	US		
26. INDIVIDUAL'S LAST NAME 27. INDIVIDUAL'S LAST NAME 28. INDIVIDUAL'S LAST NAME 29. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 21. TAX ID # : \$55N OR EN 22. ORGANIZATION 23. ORGANIZATION 24. TYPE OF ORGANIZATION 25. ORGANIZATION 26. TAX ID # : \$55N OR EN 27. ORGANIZATION 28. ORGANIZATION 29. ORGANIZATION LID # , # ##Y 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL'S LAST NAME 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL S LAST NAME 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL S LAST NAME CITY ODESSA 4. THIS FINANCING STATEMENT covers the following collisteral Water Conditioner Equipment 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC 5. FILING 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC 5. ALTERNATIVE DESIGNATION(in applicable) Debtor D			ADD'L INFO RE ORGANIZATION	te. TYPE OF ORG INIZAT ON	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#,	if any NONE		
26. INDIVIDUAL'S LAST NAME 27. INDIVIDUAL'S LAST NAME 28. INDIVIDUAL'S LAST NAME 29. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 20. INDIVIDUAL'S LAST NAME 21. TAX ID # : \$55N OR EN 22. ORGANIZATION 23. ORGANIZATION 24. TYPE OF ORGANIZATION 25. ORGANIZATION 26. TAX ID # : \$55N OR EN 27. ORGANIZATION 28. ORGANIZATION 29. ORGANIZATION LID # , # ##Y 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL'S LAST NAME 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL S LAST NAME 30. ORGANIZATION S NAME 1. S. P. C. 30. INDIVIDUAL S LAST NAME CITY ODESSA 4. THIS FINANCING STATEMENT covers the following collisteral Water Conditioner Equipment 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC 5. FILING 5. ALTERNATIVE DESIGNATION(in applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC 5. ALTERNATIVE DESIGNATION(in applicable) Debtor D	ADD	ITIONAL DEBT	OR'S EXACT FU	LL LEGAL NAME insert on	nly one debtor name (2a or 2b) do not abbreviate o	combine names				
DESTRICTIONS IN AME TAXID 9: SAN OR EIN ADD. INFO RE ORGANIZATION DESTRICTION ADD. INFO RE ORGANIZATION DESTRICTION		2a ORGANIZA	TION'S NAME		个					
TO MAILING ADDRESS 12341 S NAGLE AVE 12 AND B : SSNOR EIN ADDL INFO RE ORGANIZATION DEBTOR DEBTOR 22 TYPE OF ORGANIZATION 24 JURISDICTION OF ORGANIZATION DEBTOR 25 ORGANIZATION DEBTOR 26 ORGANIZATION DEBTOR 27 JURISDICTION OF ORGANIZATION 28 ORGANIZATION DEBTOR 29 ORGANIZATION ALID A if any NON DEBTOR 39 ORGANIZATION S NAME 1.S.P.C. 30 ORGANIZATION S NAME 1.S.P.C. 30 ORGANIZATION S NAME 5 ORGANIZATION S NA	OR -									
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE SIP) insert only one secured party fame (3a or 3b) 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE SIP) insert only one secured party fame (3a or 3b) 3. ORGANIZATION'S NAME 1.S.P.C. 30. INDIVIDUAL'S LAST NAME FIRST NAME ODESSA 4. This FINANCING STATEMENT covers the following collateral Water Conditioner Equipment SUFFIX ODESSA 4. This FINANCING STATEMENT covers the following collateral SUFFIX SIAE POSTAL CODE COUNTR SIAE POSTAL CODE SUFFIX SIAE POSTAL CODE SUFFIX SIAE POSTAL CODE SUFFIX SIAE POSTAL CODE SUFFIX	c. MAI	LING ADDRESS I S NAGLE	AVE			1 2.	IL 60463172			
38. ORGANIZATION'S NAME 1.S.P.C. 30. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME CITY ODESSA GUITA GUITA ODESSA FL STATE POSTAL CODE COUNTR STATE POSTAL CODE STATE STATE POSTAL CODE COUNTR STATE POSTAL CODE COUNTR STATE POSTAL CODE COUNTR STATE			ORGANIZATION DEBTOR				GANIZATIONAL ID#	, if any NON		
I.S.P.C. 3b. INDIVIDUAL'S LAST NAME FIRST NAME CITY ODESSA CITY ODESSA CITY ODESSA FL 33556-0580 US COUNTR US Water Conditioner Equipment SUFFIX S.ATE POSTAL CODE 33556-0580 US COUNTR US ATTERNATIVE DESIGNATION(if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-DUCC FILING AIL TERNATIVE DESIGNATION(if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-DUCC FILING 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) LESSEE/LESSOR Debtor 1 Debto	3. SEC	URED PARTY	'S NAME (or NAME	of TOTAL ASSIGNEE of ASS	IGNORE S/P) - insert only one secured party lame	(3a or 3b)				
St. INDIVIDUAL'S LAST NAME CITY ODESSA FL. 33556-0580 US ODESSA FL. 33556-0580 St. INDIVIDUAL'S LAST NAME COUNTR ST. INDIVIDUAL ST. INDIVIDUAL STATEMENT IS to be filed [for recorded] for the deport of potential poptional] ST. C. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ADDITIONAL FEEL [optional] COUNTR ADDITIONAL FEEL [optional]			ATION'S NAME		(0)	V AND S MAN		SHEETX		
Sc. MAILING ADDRESS PO BOX 580 4. This FINANCING STATEMENT covers the following collateral Water Conditioner Equipment S. W. M.	OR	3b. INDIVIDUA	AL'S LAST NAME		FIRST NAME		S.A. E POSTAL CODE COUNTRY			
## This FINANCING STATEMENT covers the following collateral Water Conditioner Equipment	3c. MA	ILING ADDRESS								
Water Conditioner Equipment Supplies Supplie				- II-A-ral	UDE55A		75c.			
FILING 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debto							SPS	yes 2		
FILING 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 2 Debtor 3 Debtor 1 Debtor 3 Debtor 3 Debtor 4 Debtor 3 Debtor 4 Debtor 5 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Debto							N S E	Cye SCye Ye NT L		
FILING 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 2 Debtor 1 Debtor 3 Debtor 3 Debtor 1 Debtor 3 Debtor 4 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Debto	E A17	EDNATIVE DESI	GNATION(if applicable) LESSEE/LESSOR 🔲 (CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYE	R 🗌 AG. LIEN 🗌	NON-UCC		
PROFESIALS SCHOOLS, DUST COURSE IN TELESCOPE	5. AL I	G			7. Check to REQUEST SEARCH REPORT(S) on Debto					

1119622053 Page: 2 of 2

UNOFFICIAL COPY

UCC	FINANCING STA	TEMENT ADDE	NDUM						
FOLLOW	VINSTRUCTIONS (front and ba OF FIRST DEBTOR (1a or 1b) ON F	ack) CAREFULLY							
9. NAME	9a. ORGANIZATION NAME	KELATED THURSDAY OF THE							
OR	9b. INDIVIDUAL'S LAST NAME MASON	FIRST NAME STEVEN	MIDDLE	NAME, SUFFIX					
10. MISC	CELLANEOUS:								
COC	K, IL ISPO	C FILE # <u>970965</u>							
	, O,	^			THE ABOVE SPACE	IS FOR FILING O	FFICE USE ONLY		
EII	ING OFFICE COPY - UCC FINANC	INC STATEMENT (FORM UCC))(REV. 05-22-02))					
11. AD	DITIONAL DEBTOR'S EXACT FULL	LEGAL VAINT - insert only one of	debtor name (11a	a or 11b) - do not abb	reviate or combine name:				
	11a. ORGANIZATION'S NAME	9				L MIDDLE	IAME	SUFFIX	
OR	11b. INDIVIDUAL'S LAST NAME	0,5		JEAN		MIODLE NAME			
11c. M	MASON AILING ADDRESS 1 S NAGLE AVE			PALOS H	IEIGHTS	STATE	POSTAL CODE 60463172 3	COUNTRY US	
	AX ID # SSN OR EIN ADD'L IN		GAN ZAT DM	11f. JURISDI	CTION OF ORGANIZATI	ON 11g. OR	GANIZATIONAL 1D#,	if any NONE	
_	ORGANIZ DEBTOR								
12.	ADDITIONAL SECURED PARTY	S or ASSIGNOR S/P'S NAM	ME - insert only	ne del tor name (12a	or 12b)				
	12a. ORGANIZATION'S NAME			0/,		MIDDLE NA	MF	SUFFIX	
OR	12b. INDIVIDUAL'S LAST NAME		Fì	IRST NAMS	Κ.	IMIDOLE III		20111777	
12c 1	MAILING ADDRESS		c	ΪΤΥ		STATE	POSTAL CODE	COUNTRY	
				Additional collatera	I desc. iotion:			<u> </u>	
13. T	his FINANCING STATEMENT covers	Calliber to see see .	-extracted	O. Additional density	0.				
14. D	collateral, or is filed as a light fixture following fixed escription of real estate:	iling.			1/4	- /			
		_			* 1	0,			
P/	ARCEL ID. 24 30 402 (015 0000					i co		
10	OT 1 IN REYNOLDS S	SOB'D A RESUB OF					Sc.		
D	OTS 9-10 IN ROBERT IDGELAND WOOD A	SUB'D OF THE E 1/2	OF						
	٥٥	OE THE SE 74 OF 5	EG 1				Ö		
21	13 F N RGE 13 F	OF THE 3 PRIN	ا ۱۳۸۳اب						
M	IERIDIAN IN COOK C	OUNTY, ILLINOIS &							
	Name and address of a RECORD O	WINED of above-described real e	state						
15.	Name and address of a RECORD Of (if Debtor does not have a record into	terest):		1	olicable and check only or	ne box. with respect to pro	perty held in trust	Decedent's Estate	
	TEVEN MASON		-	18. Check only if ap	olicable and check <u>only</u> o				
1	EAN MASON 2341 S NAGLE AVE			Debtor is a TR	ANSMITTING UTILITY		n – effective 30 vears		
F	PALOS HEIGHTS, IL 604	631723		Files in connection with a Manufactured-Home Transaction – effective 30 years Filed in connection with a Public-Finance Transaction – effective 30 years					
			ļ	Filed in connec	Quell mur & r works r state				