## UNOFFICIAL COPY

UCC FINANCING STATEMENT		land der den die ferfer in ferfer nur den en					
FOLLOW INSTRUCTIONS		Doc#: 1	405519005 Fee:	\$40.00			
A. NAME & PHONE OF CONTACT AT FILER (optional) UCC COORDINATOR (813) 490-3400		RHSP Fee:	\$9.00 HEDE Lee: A	.00			
B. E-MAIL CONTACT AT FILER (optional)		Karen A.Ya Cook Coun	ty Recorder of Deeds	3			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Date: 02/24	4/2014 08:59 AM Pg:	1 of 2			
ISPC	1						
1115 GUNN HWY STE 100 ODESSA FL 33556-5324		And the consequence of the consequence of	and the state of t				
ODE33A FL 333 0-3324							
	1						
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
<ol> <li>DEBTOR'S NAME: Provide only one Debutor hairs (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 bland one in here. I and provide</li> </ol>	, full name; do not omit, modify, or abbrevia	te any part of the Debtor	s name); if any part of the Indi	vidual Debtor's			
1a. ORGANIZATION'S NAME	Men in the second secon	on the Lineticing State	mest zoostkum (romt occi	nu)			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1 BAIWIA	NIA A A TOTAL OF THE STATE OF T	lau			
ELLISON	JANINE	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX			
1c. MAILING ADDRESS 350 S OAK AVE	C TY BARTLETT	STATE IL	POSTAL CODE 601034435	COUNTRY			
2. DEBTOR'S NAME: Provide only one Debtor name (2s or 2b) (use exact,	function to not omit, modify, or abbrevia	te any part of the Debtor's	I name); if any part of the Indi	vidual Debtor's			
name will not fit in line 2b, leave all of item 2 blank, check here and provi	de the ::://ual Debtor information in item	10 of the Financing State	ment Addendum (Form UCC	1Ad)			
	' (						
OR 25. INDIVIDUAL'S SURNAME ELLISON	FIRST PERSONAL WAY :: KERMIT	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX			
2c. MAILING ADDRESS 350 S OAK AVE	BARTLETT	STATE IL	POSTAL CODE 601034435	COUNTRY	_		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATES ASSIGNOR STA	SECURED PARTY): Provide only one S	red Party name (3a or 3b	)				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	JANOITIK O'.	NAME(S)/INITIAL(S)	SUFFIX			
3c. MAILING ADDRESS 1115 GUNN HWY STE 100	CITY ODESSA	STATE FL	POSTAL CODE 3: 556-5324	COUNTRY			
COLLATERAL: This financing statement covers the following collateral:			)	03	<u> </u>		
Water Conditioner Equipment			Office		P_8		
viala. Soliatione: Equipment					3 1		
			Co		\ <b>3</b>		
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Check only if applicable and check only one box: Collateral is  held in a Tru     A. Check only if applicable and check only one box:	st (see UCC1Ad, item 17 and Instructions)		d by a Decedent's Personal R				
<u> </u>	A Debtor is a Transmitting Utility	6b. Check <u>only</u> if appl	icable and check <u>only</u> one box en Non-UCC Filing	c			
	Consignee/Consignor Seller/Buy			- · · · · · · · · · · · · · · · · · · ·			
B. OPTIONAL FILER REFERENCE DATA: COOK, IL ISPC FILE # 1083006					<del>-</del>		
2001, 10 01 16 # 1003000		Association of Comme					

1405519005 Page: 2 of 2

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UC	C FINANCING STATEMENT ADDENDUM							
	OW INSTRUCTIONS							
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement	; if line 1b was left b	lank					
be	because Individual Debtor name did not fit, check here Se. ORGANIZATION'S NAME							
	SE. ON SAME STORES							
	9b. INDIVIDUAL'S SURNAME			_				
OR ELLISON  FIRST PERSONAL NAME								
	JANINE		Lauren					
	ADDITIONAL NAME(S)/INITIAL(3)		SUFFIX	τ	HE ABOVE	SPACE IS FOR F	ILING OFFIC	E USE ONLY
10. DI	BTOR'S NAME: Provide (10s or 10b) only or _sd" tional Debtor name or	r Debtor name that o	lid not fit in line 1b or	r 2b of the	Financing St	atement (Form UCC	l) (use exact,	full name;
	not omit, modify, or abbreviate any part of the Debtor on ime) and enter the material a. ORGANIZATION'S NAME	nailing address in lin	9 10c					
10	b. INDIVIDUAL'S SURNAME							
OR -	INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>						
-	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	OZ.	· · · · · · · · · · · · · · · · · · ·					SUFFIX
10c. MA	LING ADDRESS C	YTIC		<del></del>	STATE	POSTAL CODE		COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	B SECUPED I	ACATASS MANE		1			
	B. ORGANIZATION'S NAME	N SECONED P	TAT. T S NAME:	Provide o	nly <u>one</u> name	(11a or 11b)		
			1/x.					
OR 11	b. INDIVIDUAL'S SURNAME FI	RST PERSONAL NA	ME		ADDITIONAL	L NAME(S)/INITIAL(S)	•	SUFFIX
11c. MA	LING ADDRESS C	EITY			STATE	POSTAL CODE		COUNTRY
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):				2777	.1		
					7			
40 KZ		44 75 504	NCING STATEMEN				<u>(C)</u>	
13. 🔼	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	· -	rs timber to be out		COVARS AS-AY	tracted collateral	⊠ is file	f as a fixture filing
15. Na:	me and address of a RECORD OWNER of real estate described in item 16 behter does not have a record interest):		n of real estate:		001013 10-01	il deleg constend)	ZZ 13 (116)	as a lixture ming
KERMI	E ELLISON T ELLISON DAK AVE	LOT 22 HE 41 N, RGE PARCEL II	RITAGE OAKs 9, E OF 3 <sup>RD</sup> PF D. 06 34 413 04	I, BEING A SUB'D OF PT OF THE SE 1/4 OF SEC 34, TWP RINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS 19				
BARTL	ETT, IL 601034435							
17 MIS	CELLANEOUS:							·
COOK				····				
			International A	ssociation	of Comm	ercial Administrate	ore (IACA)	